

Telling *the* story of the century - how are journalists coping with reporting on HIV/AIDS in South Africa?

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Declaration

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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ABSTRACT

This work presents a bird's eye view of the current state of South African journalism on the HIV/AIDS epidemic. Through case studies, examples and in-depth interviews with experts from science, clinical, health education, communications and journalism backgrounds, it outlines what South African newspaper journalists are currently doing in reporting on HIV/AIDS and emphasises the importance of their role in assisting in combatting this epidemic. It goes on to suggest some potential ideal roles which the newspaper press in South Africa could play in improving the level of knowledge available on this epidemic, encouraging preventive actions by individuals, and reinforcing other initiatives through the provision of accurate, well-explained information.

The major findings include: an absence of 'genuine' science reporting on the epidemic in South Africa (this is particularly important because a large percentage of the population has had little exposure to scientific education at school level and therefore inadequate or bad science reporting has the potential to do harm); a serious need for journalists and editors to avoid sensationalism and triviality (particularly the use of sensational headlines); a need for a more planned, proactive approach to long-term coverage (not merely event and 'crisis' driven); the need for a comprehensive educational focus targeted at different types of readers; the need to cater for the information requirements of, as well as incorporate the 'voice' of people living with HIV/AIDS, their families and communities; and, a need for a mixture of human interest writing along with hard news and factual science reporting (as well as a balance between each type of article in publications) to cover the various aspects of the epidemic.

Suggestions made to bridge the gap between current practice and a more ideal approach include: a serious need for some form of specialised, ongoing training (formal or informal) for journalists covering this field; an urgent requirement for sectoral commitment from the media sector to this unique topic through a comprehensive response which includes allowances for training and research, workplace policies for employees of media companies, and the commitment of time and space to science reporting; the greater involvement of people living with HIV/AIDS either as writers or as expert consultants to journalists (and other trained writers); greater involvement of scientists, researchers, clinicians and health workers (through sponsored science inserts or pages, and regular science columns); and, the need for social responsibility initiatives within the newspaper industry towards assisting people living with HIV/AIDS. From their side, AIDS organisations and experts working in the field need to 'feed' accurate information and give ongoing feedback to the media in a two-way constructive partnership instead of merely critiquing the efforts of journalists.

The urgency and tragedy of this epidemic in the African context calls for a heightened degree of sensitivity and responsibility from all sectors. Newspapers, specifically, as a far-reaching information source, can play a vital role in assisting in the fight against this epidemic but this will require commitment (of time and money), thorough understanding of all the complexities of the issue (including all the scientific and political debates surrounding it) and the impact it has on individuals and communities, a true recognition of the importance of easily accessible, understandable information, and understanding of the importance of the press in putting and keeping HIV/AIDS on the public agenda.

OPSOMMING

Hierdie werk bied 'n oorsig van die huidige stand van Suid-Afrikaanse verslaggewing oor die MIV/VIGS epidemie. Deur middel van gevallestudies, voorbeelde en diepgaande onderhoude met kundiges uit wetenskaplike, kliniese, gesondheidsopvoeding, kommunikasie en joernalistieke agtergronde, skets dit hoe Suid-Afrikaanse koerantverslaggewers tans MIV/VIGS beriggewing hanteer. Dit beklemtoon ook hoe belangrik hulle rol is in die bekamping van hierdie epidemie. Verder stel dit potensieel ideale rolle voor wat koerante in Suid-Afrika kan speel om die vlak van inligting wat oor hierdie epidemie beskikbaar is, te verbeter, om voorkomingsmaatreëls deur individue aan te moedig, en om ander inisiatiewe te versterk deur die voorsiening van akkurate en duidelik verstaanbare inligting.

Die gevolgtrekkings sluit in: 'n gebrek aan gesaghebbende verslaggewing oor die epidemie in Suid-Afrika ('n groot deel van die bevolking het min of geen wetenskapsonderrig op skool gehad en swak verslaggewing kan dus potensieel skade doen); joernaliste en redakteurs behoort sensasie en trivialiteit te vermy (veral die gebruik van sensasionele opskrifte); 'n behoefte aan beter langtermyn beplanning van nuusdekking (in plaas van gebeurlikheids- en krisis-gedrewe dekking); die behoefte aan 'n omvattende opvoedingsfokus gemik op verskillende tipes lesers; die behoefte aan inligtingsverskaffing aan persone met MIV/VIGS, hulle gesinne en gemeenskappe, en ook om hulle mondstuk te wees; en, die behoefte aan 'n kombinasie van menslike stories met harde nuus en feitelike wetenskap verslaggewing (asook 'n balans tussen beide tipes berigte in publikasies) om die verskillende fasette van die epidemie te dek.

Voorstelle om die gaping tussen huidige praktyk en 'n meer ideale benadering te oorbrug sluit in: 'n ernstige behoefte aan gespesialiseerde, deurlopende opleiding (formeel of informeel) vir joernaliste; 'n dringende oproep om toewyding van die media sektor aan hierdie unieke onderwerp deur middel van 'n omvattende respons wat opleiding en navorsing moontlik maak, werkplek beleidstellings vir werknemers van media maatskappye daarstel, en tyd en spasie beskikbaar stel aan wetenskapsverslaggewing; die groter betrokkenheid van mense met MIV/VIGS as skrywers of kundige konsultante vir joernaliste (en ander opgeleide skrywers); die groter betrokkenheid van wetenskaplikes, navorsers, klinici en gesondheidswerkers (deur geborgde wetenskap bylaes of bladsye, en gereelde wetenskap rubrieke); en, die behoefte aan sosiale verantwoordelikheid inisiatiewe deur die koerantwese om mense met MIV/VIGS by te staan. Van hulle kant behoort VIGS-organisasies en kundiges in hierdie veld akkurate inligting en deurlopende terugvoer aan die media te verskaf in 'n twee-rigting opbouende vennootskap, in plaas daarvan om slegs kritiek te lewer op joernaliste se pogings.

Die dringendheid en tragedie van hierdie epidemie in die Afrika-konteks vereis 'n verhoogde sensitiwiteit en verantwoordelikheid van alle sektore. In besonder kan koerante, as 'n verreikende bron van inligting, 'n deurslaggewende rol speel in die bekamping van hierdie epidemie, maar dit sal toewyding (van tyd en geld) verg, asook 'n deeglike begrip van al die kompleksiteite van die saak (insluitend al die gepaardgaande wetenskaplike en politieke debatvoering) en die impak wat dit op individue en gemeenskappe het, 'n erkenning van die belangrikheid van toeganklike, verstaanbare inligting, en 'n begrip van hoe belangrik dit vir die pers is om MIV/VIGS op die openbare agenda te plaas en te hou.

Dedication

This work is dedicated to my family, particularly my mother and father, for their endless encouragement and support when the going got tough.

It is also dedicated to those colleagues and friends (in particular the fourteen interviewees and Adri Labuschagne) who gave of their time and expertise to provide input to this work.

Lastly, it is dedicated to people infected and affected by HIV/AIDS. I acknowledge their courage and hope that this work will make a small difference to their struggle.

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INTRODUCTION

What makes HIV/AIDS unique?

James Wolfensohn, chairman of the World Bank said:

“In AIDS we face a war more debilitating than war itself because in so many countries it is seldom spoken of, because it does not catch the headlines, because the voices of its victims do not reach the corridors of power Many of us considered AIDS as a health problem; we were wrong. AIDS can’t be confined to health and social fields any longer.” (De Cenival, 2000: 1)

HIV/AIDS has been with us for nearly twenty years (as a recognised epidemic — it probably existed before the virus was isolated). Bringing together a potent mixture of sex, science, politics, deep-seated human rights and ethical dilemmas, gender inequalities, divisions between North and South, developed and undeveloped, and rich versus poor, it encompasses all the elements of a great story — probably *the* story of the late twentieth century. Touching on so many strongly felt, conflicting, even mysterious, elements, HIV/AIDS should be a science journalist’s dream — the chance to break out of the mould and produce penetrating, insightful stories which will be read from start to finish by captivated readers who both need the information to make a difference to their lives and are caught up in the unfolding story — enlightened and enthralled. The chance to step-by-step work alongside virologists, immunologists, clinicians and others as they painstakingly unfold the secrets of and go to battle with this retrovirus. The chance to write stories with the potential to make a difference to people’s lives and, indeed, survival. Wallack, *et al.* comment as follows on health reporting:

“most health stories involve personal and social drama and include controversy, injustice, personal struggle, and creative solutions This means casting health problems in narrative form with characters, plots, villains and heroes.” (Wallack, Dorfman, Jernigan & Themba, 1993: 202)

So, have newspaper journalists in South Africa risen to this challenge and produced high-quality, important stories on this devastating epidemic, or have they been caught up in a web of pedestrianism, sensationalism, petty nitpicking and plain inaccuracy — journalism that sells newspapers but does nothing to meet a challenge demanding intervention from all sectors? What should their role be and, if they aren't fulfilling it, what elements prevent this, and what can be done to change it?

According to estimates released in June 2000 by the United Nations, the total number of people living with HIV/AIDS in the world is 34,3 million — of these 24,5 million live in sub-Saharan Africa and an estimated 4,2 million South Africans are infected (UNAIDS, 2000: 6).

Peter Piot, Executive Director: Joint United Nations Programme on HIV/AIDS said:

“The evidence suggests that we are not powerless against this epidemic, but our response is still at a fraction of what it needs to be. The real task now is to increase, massively, the political will, resources, systems and social commitment needed to turn the tide of the epidemic.” (UNAIDS, 2000: 7)

Living in the country with the largest number of people living with HIV/AIDS in the world (UNAIDS, 2000: 9) poses profound social-good challenges for the science/health journalist who must be the interface between those with the information (usually scientists, doctors, health care providers and politicians) and those who need that information and must understand it sufficiently to change their lifestyles and protect themselves from infection. For this side of the equation, we need not only good stories now but also long-term commitment from journalists and editors to ensure that HIV/AIDS gains column space, not only when there's an immediate crisis or (hopefully) breakthrough, or when there's an international conference or it is World AIDS Day, but also every other day when stories about ordinary people — those infected and affected, those working in the field and those striving to make a difference to the science — can and should be told. However, how HIV/AIDS is reported is as important as whether it is reported at all.

And, admittedly, it is not easy, as health writer from the *Cape Times*, Judith Soal, pointed^a out:

“Editors, like everyone else, often glaze over AIDS stories. Once they’ve done the shock horror stats story on World AIDS Day that’s enough for the year You need to find different people with different stories, and (and this is my problem on a daily paper) interview them in a way that gets beyond the surface. It was very difficult when so few people were out about being HIV positive and you heard from the same ones over and over. It’s better now, but I sometimes go to my usual suspects when deadlines are looming it’s a problem.” (Soal, 2000 — interviewee)

The uniqueness of HIV/AIDS

Moeller comments as follows on the social and cultural aspects of disease:

“Disease, especially epidemic disease, is not only a biological phenomenon but a social, cultural and political one. How societies respond to catastrophic outbreaks of disease is measured by their level of emotion and fear, their trust in science and medicine, their experience of pain and illness and their reaction to disability and death. The public often lack basic knowledge about the functioning of science and medicine as well. Therefore media audiences are especially dependent on the media as information sources and for guidelines about how to feel and how to react.” (Moeller, 1999: 57)

While Weeks points out the additional complications of HIV/AIDS:

“AIDS is much more than a medical problem. It throws a bright searchlight into the complexities, contradictions, divisions and needs of the modern world. It poses many difficult moral and political challenges.” (Weeks, 1988: 18)

^a In this work present tense is used for source references and past tense for the interviews, which took place during the course of 2000, as well as for the dated statements.

Complicated science

It could be argued that reporting on the science of HIV/AIDS has been a microcosm of the 'battle' between science and journalism. Despite some scientific progress, we don't yet and probably won't have all the answers for many years and what looks like a breakthrough (such as prolonging life with antiretroviral drugs) one year can prove to be a conundrum causing new problems (like drug resistance or the practical complexities of preventing mother-to-child transmission) a year or two later. Like all scientific endeavour, it has been slow, precise, painstaking, careful and complicated. All the more reason for responsible, accurate, non-sensationalist reporting, as Stally emphasises:

“The media sector has a critical role to play in presenting the facts about the epidemic in an accurate, realistic and non-discriminatory way.”

(Stally, 2000: 1)

AIDS is not one uniform epidemic — it is a series of mini epidemics. As the virus moves between people and countries it mutates with each transmission until the changes constitute a new viral strain (Becker, 1992: 12). Individuals may have more than one strain. Clades (or subtypes), on the other hand, are substantially genetically different from each other. According to AIDS researcher Carolyn Williamson of the University of Cape Town, currently there are ten clades of HIV-1, the main subgroup. Different clades may cause different rates of disease progression and may respond differently to antiretroviral drugs (Williamson, Morris, Gray & Van der Ryst, 1999: 7). The predominant clade in southern Africa — clade C, responsible for approximately 90% of infections in southern Africa (Makgoba, 1999: 4) — is fairly virulent and may progress faster than those in the developed world — further enhancing the inequities. Genetic variations in population and the interaction between genes and virus may also affect transmission and progression rates. This means it is essential to develop clade-specific treatments and, importantly, to develop vaccines based on the clade predominant in the population (Williamson, *et al.*: 8). A vaccine developed for another clade cannot simply be imported in the hope that it will work in Africa (it may but, equally likely, it won't). So, unlike other diseases, where we can allow the developed world with its

scientific resources, infrastructure and money to develop treatments and cures, we have to invest in our own research and look to low-cost scientific solutions developed specifically for our population and viral strain (Galloway, 2000: 271).

These complications require high-level, long-term political and societal commitment which, in turn, requires a sympathetic, informed media able to realistically, but innovatively and repeatedly, explain these complications and any advances in lay language for the public.

Repeating mistakes — politics behind the science

The true reasoning underlying the politics of HIV/AIDS will probably never be fully known. In Africa where governments are facing huge levels of suffering and death, and where there are many competing socio-economic needs, the response to HIV/AIDS is a political 'hot potato' — with governments being condemned for inaction as well as hasty, unadvised action. The policy questions are tough — do we accept 'free' drugs when this might mean that pharmaceutical companies lose their long-term incentives to research and develop new, improved drugs?; how do we prioritise HIV/AIDS in an overburdened health sector?; what treatment options do we institute to prevent mother-to-child transmission?; and, what do we do about AIDS orphans? — are some examples of, as yet, unanswered questions. HIV/AIDS has been used to gain (and lose) political mileage by just about every political player.

But, perhaps the most frustrating thing about the political response to HIV/AIDS is how each country, including South Africa, has repeated mistakes made elsewhere (Matchaba, 1999: 12). It is generally known that denial is fatal in the early stages; that immediate, high-level political commitment is essential (UNAIDS, 2000: 108); that a human face (preferably celebrity) is vital to make people understand that anyone can be infected and that it is behaviours not people that are high risk (UNAIDS, 2000: 111, Beharrell, 1993: 213); and, that all sectors (including the media) must work together to develop a uniform societal response where

prevention is the norm and where there is acceptance, care and compassion for those affected (UNAIDS, 2000: 110). Yet, as the epidemic spread from country to country, each virtually repeated the mistakes and followed the same unsuccessful path as their predecessors instead of building on experience and knowledge (Matchaba, 1999: 12).

Rogers, *et al.* comment as follows on the USA political response:

“President Reagan did not talk about AIDS until the epidemic was already 6 years old AIDS had two formidable barriers that kept it off the media agenda: The disease had no familiar human face and it had not been acknowledged by the President. This was to change with the reporting of two significant stories: the announcement that Rock Hudson was seriously ill with AIDS and the controversy over whether 13-year-old Ryan White, who had AIDS could attend school (Rogers, *et al.* 1991).” (Quoted in Wallack, *et al.* 1993: 65).

In our country President Thabo Mbeki, first spoke about HIV/AIDS nationally (on television) in October 1998 — 15 years into the epidemic, when, as Deputy President, he announced the formation of the Partnership against AIDS.^b The fact that this major announcement was made by the then Deputy President, Thabo Mbeki, and not the President, Nelson Mandela, was a source of unhappiness among AIDS groups (Crewe, 1998: 4).

Uganda was the only African country to acknowledge and respond early under the leadership of President Yoweri Museveni, and took steps to fight the spread of HIV with concerted action by all stakeholders (including the media). This broad-based approach resulted in significant reductions in the number of HIV infections in young, pregnant women (measured in antenatal surveys) and an increase in condom use among young people (UNAIDS, 2000: 9).

^b

A government-led campaign aimed at facilitating partnerships to stem the spread of the virus.

So, what makes it so hard to talk and write about AIDS? Well, ironically it is exactly those elements that make the story 'juicy' that also made it difficult to gain acceptance.

Outlining the American situation in a text regarded by many as classic, *And the Band Played On*, published in 1987, journalist Randy Shilts proclaimed:

"People died because the mass media did not like covering stories about homosexuals and was especially skittish about stories that involved gay sexuality. Newspapers and television largely avoided discussion of the disease until the death toll was too high to ignore and the casualties were no longer just the outcasts. Without the media to fulfill its role as public guardian, everyone else was left to deal — and not deal — with AIDS as they saw fit."

(Shilts R, 1987: xxiii).

Shilts' indictment of the media may be regarded as harsh but it is not completely unfair. While they were not the only society institution to blame, if the mandate of the media is to inform the public in a timely and compelling way as most of the interviewees for this work stressed, then it could be argued that in some instances they failed to adequately inform the public about HIV/AIDS and its soon-to-be profound implications early enough.

Shereen Usdin, one of the developers of the *Soul City*, 'edutainment' TV series on SABC2 which regularly features scripts incorporating HIV/AIDS messages, put it succinctly:

"The mixture of sex and death makes the AIDS story unique."

(Usdin, 2000 — interviewee)

And 'sex and death' aren't easy to talk and write about. Cooke notes that because AIDS involved references to blood, semen, sex, sexuality, and death, it defied traditional notions of taste (Cooke, 1997: 221).

From the start of the epidemic this required enlightened, creative moves by the press. Shilts, who was hired by the *San Francisco Chronicle* in 1982 as the world's first full-time AIDS reporter, describes his experiences:

"I would not have been able to write this book if I had not been a reporter at the *San Francisco Chronicle*, the only daily newspaper in the United States that did not need a movie star to come down with AIDS before it considered the epidemic a legitimate news story deserving thorough coverage. Because of the Chronicle's enlightened stance, I have had free rein to cover this epidemic since 1982; since 1983, I have spent virtually all my time reporting on AIDS."

(Shilts R, 1987: xi).

Nelkin points out that in the USA after 1986 reporting on HIV/AIDS was generally assigned to experienced science and health reporters and therefore the information provided was usually technically detailed, but that in general:

".... shaped by sexual conservatism and reflecting the moralistic stance of many governmental authorities, news reports often convey an unrealistic and even counterproductive social message about how to prevent the spread of AIDS — abstain." (Nelkin, 1995: 102)

Unique community challenge

It was hard enough to address such sensitive issues in the developed world but if you add in community-based factors, in particular, traditional taboos of the African context where women, for example, are expected to follow unquestioningly the lead of their partners in sexual activities (what Suzanne Leclerc-Madlala describes as: "the assumption that men should control the sexual encounter" — Leclerc-Madlala, 2000: 30); where a migrant labour system, particularly on the mines, enforced the separation of families (Williams, Campbell, 1998: 27), effectively encouraging infidelity and polygamy; where rape and abuse are frighteningly common (Jewkes, Abraham, 2000: 5); and, where denial, fear and discrimination are so entrenched that people have been attacked and murdered for admitting their

HIV-positive status^c, and the problem of openly talking or writing about HIV and AIDS, sex and sexuality becomes much more complicated.

As gynaecologist/obstetrician and current medical director of Novartis, Patrice Matchaba pointed out, in some cultural settings the 'germ' theory of disease is not fully accepted and it is believed that AIDS is caused by transgressions against the ancestors or community elders, and therefore is not something that can or should be discussed publicly (Matchaba, 2000 – interviewee).

And we can't write this off as superstition — it is something that affects everyone to some extent:

"Susan Sontag noted in her work *Illness as Metaphor and AIDS and its Metaphors* that 'disease occurs in the *Illiad* and *Odyssey* as supernatural punishment, as demonic possession, and as the result of supernatural causes'. Most of us at the end of the 20th century, think that the first two characterizations are quaint ways of looking at illness. But if at some level we didn't believe in part in those causalities, there would be no stigma attached to certain diseases."

(Moeller, 1999: 66)

The influence of cultural and societal factors is important and has contributed to the 'uniqueness' of the HIV/AIDS challenge. Weeks writes that:

"The truth is that while AIDS as a syndrome of diseases has common features in all parts of the world, the social meanings it gives rise to can be profoundly different. If this is the case, it has implications for the ways in which AIDS is likely to be coped with in each culture. In the years ahead we will therefore need to adjust the treatment of AIDS to local customs and traditions, and to specific social and ethical values." (Weeks, 1989: 17)

The spread of HIV/AIDS in Africa is exacerbated by the secondary position of women and children and their lack of empowerment making them unable to

^c Activist, Gugu Dlamini, was stoned to death in 1998 for 'coming out' about her HIV-positive status and 'shaming' her community. (Her killers have not yet been convicted.) More recently, a Soweto man, Singer Motloung, shot his wife and her parents before committing suicide allegedly because of an HIV-positive diagnosis.

implement safer sexual practices even when they have the knowledge (Sanders, 2000a: 15); because of the high numbers of infected people from economically active age groups which means the epidemic has the potential to devastate African economies (Matchaba, 1999: 12); because of poverty and the existence of other infections (including parasitic infections, tuberculosis and Malaria which are of low incidence elsewhere), poor socio-economic conditions hastening the onset of AIDS-defining illnesses and death in HIV-positive people (Matchaba, 2000 - interviewee); and, lack of access to life-sustaining treatments which are currently unaffordable because of drug licencing and patenting barriers (Thom, 2000a: 7).

AIDS educationalist, Mary Crewe, believes that it is denial of the behaviour that is causing the spread of the epidemic as well as poverty which makes dealing with the epidemic in Africa so hard. She said:

“There is not really an African epidemic – there is a set of political and economic circumstances that means Africa has not dealt with it – but that’s a political issue.” (Crewe, 2000 — interviewee)

According to *Sunday Times* health reporter, Laurice Taitz:

“HIV/AIDS is different in Africa because of its huge impact, its immediacy and its relevance to our everyday lives. It’s challenging because one has to move beyond what many years of journalism has taken for granted: that Africa is a continent of disasters, that Africans are homogenous and lack individual identity and to report this issue in a way that challenges and informs. The other challenge is to write about the epidemic without losing sight of the people who it most affects, of their rights and of the media's responsibilities in this regard.” (Taitz, 2000 — interviewee)

AIDS impacts on virtually every part of the social fabric locally and internationally. Its perspective ranges way beyond health and medicine. Martin Challenor of the Marketing Department of the Independent Newspaper Group said:

“The HIV/AIDS story is unique because of the closeness to ourselves the vast numbers of people involved and the hopelessness of the outcome. Here the

issues are happening to people we know and so the story is not only a detached, impersonal account. The objectivity required in journalism is confronted by the reality of our experiences. It is not just a medical/health/science story. There would be no advantage in seeing HIV/AIDS in such narrow terms. There are also factors of poverty, access to resources, the power that women have in a society, and political issues.” (Challenor, 2000 — interviewee)

It is argued that low levels of literacy and especially poor scientific literacy, particularly among rural communities, adds another dimension and makes it extremely difficult to get across education and prevention messages. Educationalist Lynn Dalrymple believes that low literacy and education levels tend to make people unquestioningly accept what they read (or is read to them) in newspapers. The subtlety of scientific debate and changing ideas argued in the press may be beyond their understanding, fuelling misconceptions and confusion (Dalrymple, 2000 - interviewee).

Matchaba commented as follows:

“AIDS is unique because of: a) the massiveness of the epidemic, b) the fact that it fits the political and racial stereotype that people in the North have about Africans, and c) because it is linked to Africa’s past, in particular colonialism, and the massive disparities in our trade/economic relations.” (Matchaba, 2000 — interviewee)

Cultural and educational factors pose both a complication and challenge to science and health writers who must strive for innovative ways to present sometimes controversial information in culturally sensitive ways so that it won’t be rejected. Fear of offending traditional beliefs and practices cannot be used as an excuse not to broach certain subjects in the face of this threat (Janet Fröhlich, MRC researcher, 2000 — personal communication).

Taitz believes the uniqueness of HIV/AIDS poses a special challenge:

“The factors that make it unique is that it affects and is affected by all the

different ways in which our world is formed: by politics, by poverty, by the gender divide, by disease. Therefore it's not only a medical/health/science story. It has aspects of all of these. Of course, not every story can contain all of these elements but this should be seen as a long-term approach to coverage, i.e. that stories in the same publication look at different facets of the unfolding epidemic." (Taitz, 2000 — interviewee).

On the other hand, Soal argued against categorising AIDS as unique:

"I'm not sure that AIDS stories are so unique. Like all stories they're about people, they have their own context, politics and sensitivities. Certainly there's a particular urgency because of the scale of the crisis, but AIDS stories don't come in a category of their own. I don't think the medicine/science is the most important aspect of the epidemic, but it is necessary to give people information on this level. By overemphasising the science you can sanitise the human element and the influence of policies, etc. There's also the danger of shoving AIDS in one box and assuming the rest of life is unaffected." (Soal, 2000 — interviewee)

Recognition of personal risk

An additional important challenge for journalists is the phenomenon of personal denial that has characterised the response from all sectors. Until there is a recognition of personal risk, the media know HIV-positive journalists and others who are infected or have died, and editors and publishers acknowledge HIV/AIDS with appropriate workplace policies and practices, it is easier to deny that it exists or that any of their behaviours are risky.

Kinsella stressed this aspect of personal risk in his 1989 study:

"Kinsella asserts that AIDS was not adequately or properly covered until or unless reporters had a personal interest in and commitment to the issue. He calls it the 'personal threat rule': "The closer the threat of the disease seemed

to move toward those setting the agenda, the bigger the story became (Kinsella, 1989: 252).” (Quoted in: Wallack, *et al.*, 1993: 55).

While it seems there is little denying that HIV/AIDS has been and will continue to be a catalyst for change in many areas including human rights, labour issues, patient and health care rights, insurance and workplace policies. There is no reason why it shouldn't also herald important changes in newspaper culture and practices.

Potential roles for journalists reporting on HIV/AIDS

Before critiquing what South African journalists are doing about HIV/AIDS a clear idea of what journalists can be expected to and should be doing in the face of a killer epidemic is needed. Lang, *et al.* point out:

“By their selection of newsworthy events (e.g. a new AIDS therapy), journalists define pressing issues. By their focus on controversial problems (e.g. the location of toxic dumps), they stimulate demands for accountability, forcing policymakers to justify themselves to a larger public (Lang & Lang, 1983).” (Quoted in Nelkin, 1995: 73).

While Nelkin emphasises:

By their use of imagery, they help to create the judgmental biases that underlie public policy.” (Nelkin, 1995: 73)

HIV-positive columnist, Kevin Osborne^d in an article entitled *SA's media should get off the fence and take a stand*, writes:

“As an actor in the process of reflecting changing social structures, norms and values, the media has an instrumental role to play in the battle against HIV/AIDS.” (Osborne, 2000b: 10)

^d

See Chapter One, p. 34.

To some extent, HIV/AIDS has defied traditional media responses to an epidemic because of its unique features. Most people in the Western world had assumed that plagues were a thing of the past — conquered by modern medicine (Moeller, 1999: 66). AIDS, which points out the fallibility of modern medicine, links to perceptions of mortality.

Writing generally on the reporting of disease ‘crises’, Moeller observes:

“Sensationalist, formulaic coverage, reference to metaphors familiar to American audiences. These are the hallmarks of the media’s coverage of outbreaks of disease A couple of weeks of terrifying coverage and the media is on to the next crisis.” (Moeller, 1999: 56).

Traditionally, epidemics are fast-moving crises in which the time between infection and cure or death is short, and journalists respond in crisis mode — quickly and aggressively. This is exactly the kind of coverage that should be avoided, or at least balanced, in a long-term epidemic that cannot thrive from crisis to crisis.

Cooke points out:

“AIDS was a slow-moving disaster that did not easily meet the standard conventions for breaking news With no seeming beginning or end and little new change from day to day, journalists may simply not be alerted to a slow-moving disaster or consider it new enough until officials call it to their attention or impressive (usually visual) evidence is discovered.”
(Cooke, 1997: 221).

AIDS is a slow virus in all ways. In individuals there is a long timespan in which symptomless individuals may not even know they are infected and can infect others (Matchaba, 2000 — interviewee). Journalism, on the other hand, thrives on speed and novelty and therefore, as Moeller points out:

“The media’s greatest level of attention is reserved for epidemics that are novel, violent and intense.” (Moeller, 1999: 62)

It is hard to maintain interest in one story over a long period and this will become even tougher when all infected South Africans access antiretroviral drugs which prolong life, making HIV/AIDS chronic, long-term, but manageable; and when the epidemic stabilises and rounds the epidemiological curve either because of the high death rate (the number dying exceeds the number of new infections) or, preferably, when successful prevention initiatives decrease the incidence of new infections.

Soal outlined some of the problems a long-term practising AIDS writer faces:

“There are two problems: On the one hand, there are old AIDS hacks (like me) who can’t find new ways of writing the same old stuff (I find myself using the same phrases when I write my 99th mother-to-child transmission story) and often miss new angles because it’s not news to us — (for example, when Thabo Mbeki announced in Parliament he was concerned about the toxicity of AZT I didn’t think anything of it, I knew it was one of the excuses. To our parliamentary reporters it was a Big Story, which indeed it was.)

The other problem is reporters who know nothing at all and repeat old stories These reporters don’t take things further and often, as can be expected, make mistakes. There are still reporters (and subs) who refer to ‘victims’ and ‘sufferers’.” (Soal, 2000 — interviewee)

Information dissemination

A 1997 World Bank report emphasised the importance of accurate information:

“Information about the state of the epidemic and how to avoid infection is a true public good.” (Ainsworth & Over, 1997: 42).

The media is fundamental to the dissemination of information regarding HIV/AIDS. Journalists are often the public’s only source of information about the scientific and health choices they make that, in the case of HIV/AIDS, significantly affect their lives.

The anonymous interviewee^e believes that information provision is the media's main function:

"The primary role of the print media should be to inform, the message of prevention can be brought to a much larger audience this way. Also, they can help with the continuous reinforcement of this message." (Anonymous, 2000 — interviewee)

With HIV/AIDS, accurate, up-to-date information is power and the redistribution of such information is the redistribution of power. The media has an essential function to continue the information chain to empower ordinary people. Altshull takes this further:

"Journalists do not often originate ideas. Rather they are the great transmitters of ideas. The transmission is presented in dramatic form, and the ideas make up the raw material of what we identify as public opinion." (Altschull, 1990: 206)

There is a huge amount of information and knowledge about HIV/AIDS. From a research and clinical point of view probably more time and dollars have been spent on this disease than any other. The cause of HIV/AIDS is known, how infection occurs, what opportunistic infections to expect, how the disease may progress differently in different settings, and how to prevent and treat it, although not yet how to cure it, yet many people (some of whom have access to this information) still become infected. According to Lush, somewhere there is a serious breakdown in communication between the information transmitters and receivers — somehow the prevention messages are not reaching home and being acted upon. Lush comments as follows:

"The spread of HIV appears to have been exacerbated by a communication breakdown between those with information about HIV and those who need it." (Lush, 2000: 2)

^e

See explanation in Appendix A.

Journalists can't be held responsible for this breakdown (it is more complicated than that) but they can assist in healing it as one of the most far-reaching of the message bearers. Media communication can't be expected to change personal behaviour but can act as a backdrop to personal interventions and community work, as Parker writes:

“Articulation of AIDS issues in the media provides an important background to AIDS prevention work on the ground.” (Parker, 1995: 5)

The information provision challenges will become greater as the science becomes more technically involved, and government policy and individual decisions become more dependent on that information. Translating this technically complicated information (such as that on vaccines) will be an ongoing challenge for journalists particularly for less-educated audiences where the anonymous interviewee believes the role of the media is crucial:

“The most challenging issue of HIV/AIDS in Africa is that a large component of high-risk populations have little access to formal means of education. The press can play an important role here, and indeed have a moral obligation to do so.” (Anonymous, 2000 — interviewee)

According to AIDS communication specialist Warren Parker, print media, in particular, has a longer-term reference function, not merely providing breaking news but also chronicling the history of the epidemic for future reference and for other regions and countries at different stages that are able to learn from documented experience. He said:

“The print media provide an important perspective because the medium lends itself to credibility and longer-term tangibility in terms of documenting the history of the epidemic The question then becomes, what has the print media documented? and there is a lot that has been left out. At a second level, the print media do set trends and debates, and often are a source of basic information for politicians, health workers and ‘armchair experts’ alike. They are a good conduit for factual information, but often distort matters because

their basic code is that of ‘news values’ that tend towards sensationalism.”

(Parker, 2000 — interviewee)

Defining the problem

Most sources agree that the media is central to the creation and perpetuation of representations of HIV/AIDS which frame our understanding of, and responses to, the epidemic. They frame the social reality around HIV/AIDS and shape public consciousness about the disease. In this sense, the negative impact of mass media messages has been profound, both in sustaining society’s view that HIV/AIDS is a problem for others, and in promoting AIDS-related stigma and prejudice (Editor, *AIDS Bulletin*, 1995: 3) .

Media representation defines AIDS, and the way in which the ‘problem’ AIDS is defined determines the solution. This definition has the power to worsen the epidemic by creating a distorted picture. For example, if the media ignore AIDS the public thinks it isn’t worth worrying about. If, as in the early days of the epidemic (mid 1980s), the media concentrates on AIDS as a ‘gay plague’, then heterosexual people will tend to think they are not at risk. If journalists only tell stories about HIV-positive mothers at antenatal clinics, then the idea will be perpetuated that women spread AIDS and that men need to protect themselves from women. If the press make a distinction between ‘innocent’ and ‘guilty’ infected people^f then they entrench the victim-and-blaming approach and perpetuate stereotypes, discrimination and stigma. Finally, if AIDS is portrayed as only a science/medical problem then most lay people think it isn’t their problem and that it is too difficult to understand anyway. Cooke comments on this aspect:

“Although the mass media do not set the political agenda single-handedly, they help determine which private matters (such as disease) become defined as public events (such as epidemics) The media’s construction of AIDS thus has

^f For example, between infected infants or people who become infected via a blood transfusion, as opposed to those infected through sexual behaviour or injecting drug use.

influenced not merely how we as individuals will react, but also how we as a polity will respond.” (Cooke, 1997: 218)

Agenda setting

Writing on the South African Human Rights Commission subpoena story^g in the *Cape Argus*, Max du Preez^h contends:

“Perhaps the HIV/AIDS threat could serve as an example. We did not have a commission to act as watchdog— the job of sensitising and energising was done by the activists, the media, NGOs and civil society in general, and the department of health reluctantly followed.” (Du Preez, 2000: 5)

Probably the most important role is that of agenda setting — giving enough ongoing prominence to HIV/AIDS that people, including health care practitioners, the public, private sector, potential investors and, especially, politicians and policymakers, are unable to ignore it. Wallack, *et al.* write:

“Media coverage of AIDS provides a good illustration of how mass media can set an agenda or keep a topic from getting on the public agenda.” (Wallack, *et al.*, 1993: 64)

Not only does coverage of HIV/AIDS constantly remind policymakers and the public of the need for action but it can also substantially increase the resources allocated to fighting back. A number of sources have pointed out that dramatic, ongoing coverage of the ‘crisis’ in the USA and Europe in the 1980s assisted in generating public and private sector funding for AIDS research initially which led to the extensive knowledge already acquired, as well as for care and support which assisted in containing the epidemic in the developed world. By their attention, the media can influence and shape the direction of scientific investigation and thinking,

^g As part of its investigation of alleged racism in the South African media, the Human Rights Commission (a statutory body that investigates human rights issues in South Africa) subpoenaed more than 40 editors to testify in 2000. This action provoked a storm of protest and charges of infringement of freedom of the press.

^h Du Preez, former editor of the *Vrye Weekblad* and television journalist, is known for his outspoken liberal views on South African politics.

according to Kitzinger:

“Mass media sources are crucial ‘signifying agents’ in the process of understanding AIDS. The media have the power to set the agenda and, in some cases, to structure people’s thinking in spite of their own ‘better judgement’.”
(Kitzinger, 1993: 299)

Accentuating the positive

The question of what the media can do in reporting on HIV/AIDS provokes a myriad of responses determined by the respondent’s background. To health educators, scientists, educationalists and carers, journalists reporting on HIV/AIDS have a social responsibility to create an enabling environment by providing accurate, detailed information and encouraging the positive advances — focusing on the positive aspects so that people don’t take a fatalistic attitude and say there is nothing to be done.

Stally writes:

“Focusing on issues that bring hope, that highlight positive and healthy living as well as successful coping strategies, can contribute to fostering an enabling environment for people living with AIDS (PWAs).” (Stally, 2000: 2)ⁱ

And De Cenival comments:

“As long as the disease will remain a fate, with no scope but death, nobody will ask for testing that would mean everything to lose and nothing to gain.”
(De Cenival, 2000: 2)

Most journalists would probably vehemently argue against a feel-good approach to reporting AIDS and would regard that as an unrealistic portrayal undermining the tragedy that an HIV-positive diagnosis is for most people. Many journalists would also probably argue that this social-change agent role is beyond their professional

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In this work the acronym PWA is used for people/person living with HIV or AIDS.

duties. However, even if they don't see themselves as educationalists and social-change agents, it would be hard for journalists to deny that they have some potential to assist in affecting the future course of the epidemic by providing accurate information that people might use to change their behaviours and reduce infection. Complementary actions need to predominate according to Stally:

“Media create awareness and act as a facilitating tool to help initiate and reinforce on-the-ground initiatives by NGOs, companies, religious movements, community groups, clinics or the health sectors. Behaviour change is more likely to occur if media messages complement grass-roots activities.”

(Stally, 2000: 1)

Media involvement can focus attention on what works in prevention and create an enabling environment for appropriate social change:

“The mass media give prominence to ideas, create an agenda of key issues for discussion and debate and influence people's understanding of reality. Media attention can support and endorse social change.” (Parker, Dalrymple & Durden, 1998: 71)

There are many people within South African communities who know something about AIDS and would like to do something about it but have little concept of where to start. Coverage of small-scale, community-based 'success stories' might encourage their expansion.

Journalist Mark Gevisser expresses this from a different perspective but the message is the same:

“.... the media often kills people with AIDS long before they are ready to die, fuelling the public misconceptions that if you have it, you might as well be dead, and thereby obliterating people with AIDS from society; shoving them off into hospices where, like lepers, they can decay away from the public spotlight. If the media can shatter this collective society amnesia, we will be doing a lot, not only destigmatising people with AIDS, but in educating all about how to prevent the transmission of the virus.” (Gevisser, 1995: 7)

A study published in 2000 by the Department of Health's Beyond Awareness Campaign^j, has shown that responsible media definitely make a difference at community level:

"In sites with high levels of media penetration and where there is evidence of community mobilisation around HIV/AIDS, youth show particularly strong signs of responding actively and appropriately to reduce HIV infection risk Poor and rural communities show lowest media penetration, the highest need for information and dependence on experts for this, and are lower on most prevention indices." (Kelly, 2000: 5)

A voice for the voiceless

In a catastrophe of such magnitude many argue that there is also a need for the media to be the voice of the community and the spokesperson for those unable to express their opinions in public fora. When asked what the media's role should be, Matchaba emphasised that they should be the voice of the people with AIDS (Matchaba, 2000 – interviewee).

This means providing space for the major debates, educating, informing and advocating around these issues, and affording a critical and honest appraisal of government and other initiatives where necessary.

Worthwhile challenges

The HIV/AIDS story is complicated and challenging, and the South African context generates unique additional complexities to the journalist. But the challenge is real, crucial, long-term and worthy of attention. Writing about the USA, Harris, *et al.* note:

"No medical/scientific issue in recent memory created as much anguish and

^j A mass media campaign aiming to promote positive attitudes towards people with HIV/AIDS through stories and photos – see web site <http://www.lifanet.co.za>. See also footnote p. 136.

debate in newspaper city rooms as the acquired immune deficiency syndrome (AIDS) epidemic. The complex medical, ethical and legal aspects of AIDS stories presented challenges to editors and reporters unlike any they had faced in decades.” (Harriss, Leiter & Johnson, 1992: 401)

This work looks at examples of what South African journalists have been doing in reporting on HIV/AIDS and suggests what they could/should be doing and ways in which the gap between the two can be narrowed. The work includes the opinions of a group of fourteen interviewees ranging from clinicians and health care providers, to health educationalists, communications experts and health journalists.^k

The goal is to provide some practical ideas to attempt to prevent comments like this one from journalist Mark Gevisser:

“.... we are in a difficult position. It sometimes seems as if we can't win. Either we overplay AIDS and are accused of sensationalism and panic mongering, or we underplay it and are accused of ignoring it. How does one find a balance?” (Gevisser, 1995: 6)

^k See Appendix A for a list and description of the interviewees and Appendices B and C for the interview questions.

CHAPTER ONE

HIV/AIDS journalism in South Africa (1999 — 2000): a review

The twelve months between October 1999 and October 2000 have been exceptional for HIV/AIDS and therefore for HIV/AIDS reporting in South Africa. With the XIIIth International AIDS Conference being held in Durban (the first in Africa and the developing world), the Presidential AIDS Advisory Panel (discussed in Chapter Two) and the first acts of 'drug-access' defiance from activist groups^a. Add to that some important legal cases (including a pre-employment HIV-testing case against South African Airways — the national airline); a few high-profile deaths; and the 'abuse' of AIDS for electioneering in the December local municipality elections; and there has been sufficient material to keep health and other journalists highly productive. So how have local journalists covered these and other stories? How have they disseminated and advanced information, knowledge and understanding about HIV/AIDS? Have they furthered the debates, provided change-provoking analyses and assisted in fighting this disease, or have they been reactive, superficial, sensationalist and ill-informed themselves?

This chapter will review a sample of articles from South African newspapers, analyse some topics covered, how they were covered and by whom. The aim is to obtain a sense of what South African journalists have been doing between 1999 and 2000 regarding HIV/AIDS reporting in general.

Certainly there has been a great deal of coverage in South African newspapers of the AIDS story in this unusual year — not the ideal one on which to base an

^a In October 2000, Zackie Achmat of the Treatment Action Campaign 'smuggled' in a suitcase of the drug biozole (a generic of fluconazole used to treat meningitis and fungal infections) from Thailand. He handed over the drugs to the Medicines Control Council (the South African drug regulatory body) for quality testing and for MCC approval for their use.

analysis because events and controversies have drastically increased the story's prominence and the column centimetres devoted to HIV/AIDS over previous years. However, it is important to look beyond the quantity of words produced to reach an understanding of whether these words had impact, were critical enough (when needed), 'positive' enough (when required) and succeeded in presenting an unbiased, unsensational, analytical review of news in HIV/AIDS over the past year.

Interviewee Parker had this opinion:

"There is a great deal of coverage of the AIDS issue, but very little depth of analysis. The media coverage in general has been shallow, and although critical in the sense that it has taken an oppositional stand to key issues (correctly so), the lack of analysis has contributed little to an important debate around AIDS issues."

He added:

"Aspects of AIDS make for good headlines, but analysis of issues is difficult."
(Parker, 2000 — interviewee)

The anonymous interviewee said:

"In general, the level of HIV/AIDS reporting in SA is very bad, not only in newspapers but also radio, TV, magazines, etc. Factual content is suspect and often ignored in favour of sensationalism. Also, it does not give unbiased views of the issues. There has been little positive development, if anything it has become more sensationalist." (Anonymous, 2000 — interviewee)

Dalrymple was even more condemning, describing the South African press as:

"Sensationalist, attacking government, and careless about the effect of reporting on a public that is generally poorly informed and gullible."

She continued:

"It's interesting to observe how often newspapers print retractions — especially in letters to editors (on all topics). Reporters seem to be very careless about

checking facts or they distort facts to suit their story.” (Dalrymple, 2000 — interviewee)

Morris compared South African HIV/AIDS reporting unfavourably to that of American reporters:

“I realised just how superficial South African reports are after being interviewed by American journalists (e.g. Mark Schoofs and Huntley Collins) and reading their pieces.” (Morris, 2000 — interviewee)

Basis of analysis

This analysis is based on a sampling of 665 articles from 37 newspapers written between October 1999 and October 2000.^b This does not represent a comprehensive review of all articles written on HIV/AIDS in the period, however, the breakdown in terms of newspaper type, circulation, distribution, readership and geographical area provides a snapshot overview of coverage.

More detailed information is provided on four publications namely the *Mail & Guardian*, the *Cape Argus*, *Weekend Argus* and *Daily News*. This should give a clearer picture of what some types of newspapers with different aims and target readerships can and have achieved in terms of HIV/AIDS coverage.

The *Mail & Guardian* is a national-based and distributed weekly (published in Johannesburg) with a reputation for outspoken, investigative journalism. The *Cape Argus*, *Weekend Argus* and *Daily News* are from the Independent Newspaper Group (the largest in the country in terms of number of titles and overall circulation). The *Cape Argus* is a daily based in the Western Cape. The *Weekend Argus* is the weekend paper published by a separate editorial team consisting of Saturday and

^b This chapter excludes articles written on the Mbeki/dissidents controversy and the Presidential AIDS Advisory Panel which is covered in Chapter Two.

Sunday editions. The *Daily News* is a daily based in KwaZulu-Natal — described as the epicentre of the epidemic in South Africa and home of the host city (Durban) of the XIIIth International AIDS Conference. The *Daily News* was the official conference newspaper and devoted at least four pages each day of the conference exclusively to conference coverage. The analysis focuses on that coverage and experience.

The newspapers sampled were: English weeklies *Mail & Guardian* (circulation^c 37 728), *Sunday Times* (circulation 455 892), *Sunday Independent* (circulation 39 735), *Saturday Argus* (circulation approximately 75 000), *Sunday Argus* (circulation approximately 35 000) *Saturday Star* (circulation 140 516), *Sunday Tribune* (circulation 112 495); *City Press* (circulation 269 167); and *Sowetan Sunday World* (circulation approximately 100 000); dailies *Cape Argus* (circulation 79 243), *Cape Times* (circulation 52 774), *Daily News* (circulation 71 816), *The Star* (circulation 166 539), *Business Day* (circulation 41 708), *The Sowetan* (circulation 228 166), *Pretoria News* (circulation 25 713); *Citizen* (circulation 128 882); and Afrikaans dailies *Die Burger* (circulation 114 082), *Burger Oos Kaap* (circulation approximately 23 000), *Beeld* (circulation 104 165), *Volksblad* (circulation 33 948) and weeklies *Rapport* (circulation 360 526), *Saterdag Burger* (circulation 121 574), *Naweek Beeld* (circulation 90 220) and *Bonus Volksblad* (circulation 29 357). Articles were also reviewed from *Mercury* (circulation 42 199), the now-defunct *Evening Post* (circulation 15 226), *Daily Dispatch* (circulation 40 027), *Eastern Province Herald* (circulation 33 583), and *Natal Witness* (circulation 27 206), as well as some small 'locals' (including 'knock-and-drops') — *Paarl Post* (circulation 14 859), *Middellander*, *Northern Star*, *Vukani*, *Rustenberg Herald*, *Kuruman Bulletin*, *Heidelberg/Nigel Heraut* and the *Zululand Observer*.

^c

Circulation figures obtained from NewsClip Press clipping service or directly from the newspapers.

Article-type breakdown for *Mail & Guardian*, *Cape Argus*, *Weekend Argus* and *Daily News* (see Appendix D – Tables 1.1 to 1.3)

Mail & Guardian — 51 articles including 24 news stories, 24 features, 2 columns and 1 letter.

Cape Argus — 94 articles including 63 news stories, 17 features, 12 columns and 2 editorials.

Weekend Argus — Saturday edition — 18 articles including 17 news stories and 1 feature, Sunday edition — 2 news stories.

Daily News (conference coverage only) — 100 articles including 50 news stories, 40 features, 2 editorials, 3 columns and 5 letters.

General comments

Generally, HIV/AIDS reporting in South Africa seems to cluster around events and incidents — the more controversial, and therefore newsworthy, the ‘better’.

Parker, *et al.* emphasise this focus on events reporting. They write:

“HIV/AIDS articles typically focus on events, statistics, legal aspects, funding, treatment and the like. Most newspapers provide a more in-depth approach around focal points such as World AIDS Day and national condom week.”

(Parker, *et al.*, 1998: 30)

There is usually a steady flow of articles over a year but a huge increase around World AIDS Day and when there is a major speech or crisis — like Sarafina and Virodene^d and, obviously in 2000, a massive increase around the AIDS conference in July.

^d

In 1996 it was revealed that the Health Department had spent R14 million on an AIDS musical *Sarafina*. This was quickly followed by the Virodene ‘scandal’ in which the government gave its backing to a ‘cure’ and encouraged its fast-tracking through the Medicines Control Council only to discover that the substance contained a harmful industrial bleach.

There is an emphasis on statistics and what politicians and others say about AIDS, but little genuine science or in-depth educational reporting. Such articles generally have lower news value and, when space becomes a problem, are probably dropped for something more 'spicy' or current.

Commenting on this aspect, Parker, *et al.* write:

"The media tend to give prominence to certain aspects of the epidemic such as new statistics, unusual research findings, or potential cures. News values prescribe that information should be 'new', unusual or controversial. The media also tend to follow political agendas, and tend to pursue information that has political implications or consequences and pursuing a 'watchdog' role over government. Information of an educational nature tends to be embedded in feature writing." (Parker, *et al.* 1998: 72)

And feature writing is often seen as less important or urgent by readers. Cooke writes:

"Feature stories occupy a different place for journalists and for the public. 'Hard news' depicts ongoing events, allowing individuals to intercede in the continuing process human interest stories downplay the role of intervention they make the audience into spectators rather than participants Even in breaking news stories on AIDS, the human interest preoccupation is never far away The human interest approach is worthwhile as long as it is only one approach out of many." (Cooke, 1997: 231)

Dalrymple believes that the need for an educational scientific focus is crucial in South Africa because science education has been neglected for most of the population and therefore superficial science reporting can have devastating results. She said:

"The general population in South Africa has grown up under a system that ensured that they would be poorly educated particularly in scientific matters. Many people are therefore superstitious, uncritical and accepting of what they read in newspapers. Many newspapers offer educational supplements to help

redress the poor education in this country but the reporting on HIV/AIDS does not take this into account. Many people do not have the skills to distinguish between sensationalist reporting and the factual matter presented in educational supplements so everything that is read is taken as fact.”

(Dalrymple, 2000 — interviewee)

Mail & Guardian

With the luxury of a dense weekly with some space, most articles sampled from the *Mail & Guardian (M&G)* were features or news items with breadth and analysis. Included in the sample were two columns but no editorials — as mentioned in Chapter Two, Editor, Phillip van Niekerk, devoted his editorial space to the Mbeki/dissidents ‘crisis’ with 8 editorials on the topic.

The *M&G* did, however, expose other controversial issues such as ‘*Lies, damned lies and Noseweek*’ (06 — 12/10/00) — a strong criticism of a *Noseweek* article that had accused Medical Research Council (MRC) President, Malegapuru Makgoba, of manipulating mortality statistics he presented to the Presidential AIDS Advisory Panel and the AIDS conference. The managing editor of *Noseweek*, Marten du Plessis, responded with a claim that ‘*We make mistakes, but we do not lie*’ (13 — 19/10/00) which still denied that the available statistics supported the claims made by Makgoba.

The *M&G* also published a number of articles (‘*The true origin of Aids*’ [07 — 13/07/00] and ‘*This is where Aids started. I’m quite sure*’ [15 — 21/09/00]) explaining a new theory on the origins of AIDS published in the book *The River* by Edward Hooper which purports to trace the HI virus to a live polio vaccine derived from chimp kidneys given to Africans in the 1950s.

Strongly worded front-page headlines and articles were devoted to the issue of using antiretroviral drugs to prevent infection of infants. ‘*R1,99 to save a child ...*

but govt has ignored own Aids report' pointed out that the government was ignoring the findings of a study it had commissioned suggesting that:

“using antiretroviral drugs to curtail mother-to-child transmission (MTCT) of the virus could save almost 14 000 lives a year, but could also save South Africa as much as R270-million a year the report says the estimated costs of a Nevirapine programme work out at approximately R1,99 a person for the whole population” (Beresford, 2000a: 3).

In *'SA pays R800m per year to let Aids babies die'* a University of Cape Town economist pointed out that:

“Testing all pregnant women for HIV and giving those who test positive these drugs will cost far less than the hospital and welfare costs of the children who might otherwise get Aids” (Barrell, 2000: 5).

These articles were detailed and forceful, however, Parker pointed out some reservations on the reporting (and overall understanding) of the mother-to-child transmission issue which he maintains is more complicated than most journalists and, indeed, policy makers have understood:

“The analysis of AZT/Nevirapine issue is the same now as it was a year ago we have yet to see an understanding that shows, for example, that mother-to-child transmission (MTCT) requires a systematic response, e.g. it must be preceded by a voluntary counselling and testing system to figure out who is infected (and there is a complex delivery system and budget required for this), pregnant mothers require appropriate counselling around taking the drugs and information on compliance (of breastfeeding, etc.) following treatment, and there is a need to build a system of care (whether or not MTCT is implemented) that addresses the needs of ill and dying mothers with healthy or ill infants. These all are issues that underpin the issue of drug provision, yet all we have seen in the media is that AZT costs R300 per course, or Nevirapine costs R21 there is a lot more involved and it requires complex systems. Of course, these issues are seldom raised by the health policy makers which is an indicator that either they don't understand these issues themselves, or

alternatively, that they are so overwhelmed by the narrow debate that they respond on a knee-jerk, issue-by-issue basis.” (Parker, 2000 — interviewee)

Satirist Robert Kirby even got in on the act with a column entitled *‘Eight reasons for not using Nevirapine’* (04 — 14/09/00) — a tongue-in-cheek look at government procrastination over the use of the drug which included examples like:

“Excuse No 1: Nevirapine is actually snake oil in disguise. A far better option would be the use of the Cabinet-approved solution, Virodene. If given to the pregnant mother in sufficient dosages Virodene will actually totally dissolve the HIV-threatened infant *in utero* thereby avoiding unnecessary emotional trauma and funeral costs.” (Kirby, 2000: 25)

And, of course, the actions of activists received attention. For example in *‘Aids activists to challenge the state’* [08 — 14/09/00]) AIDS researcher Timothy Trengrove-Jones stated that:

“ it is lamentable that we should reach a position where the government should be charged with neglecting the interests of its citizens.” (Trengrove-Jones, 2000: 32)

The regular Monitor section produced articles on a range of issues including:

- women’s vulnerability *‘Women are worst-hit by Aids’* (04 — 10/08/00);
- *‘The ever-changing killer’* (07 — 13/07/00) which described how the virus mutates, necessitating drug cocktails; and,
- the link between other sexually transmitted diseases (STDs) and AIDS in *‘STDs rife among South Africans’* (18 — 24/02/00).

Other issues were tackled in a serious and reasonably intense manner such as:

- the need for business to take action in *‘Business takes the lead in Aids fight’* (13 — 19/10/00);
- the dilemma faced by health workers over disclosure of HIV status to a third party in *‘Discretion to disclose’* (29/09 — 05/10/00);
- the effect of AIDS deaths on the economy *‘Aids wreaks havoc on the*

economy' (29/09 – 05/10/00);

- *'Prison Aids policy on trial*' (28/07 – 03/08/00) about an inmate who contracted HIV while incarcerated; and,
- a look at the value of community-based initiatives in *'To die among family and friends*' (30/06 – 06/07/00).

In July 2000, conference coverage included:

- drug-access inequities (*'Drugs let the rich buy a few more years of life*' [14 – 20/07/00] and *'Drugs for Third World tops debate*' [07 – 13/07/00]);
- the realities of life as an AIDS orphan (*'Villages where nine-year-olds head their households*' [14 – 20/07/00]; and,
- the need for more than merely another talkshop (*'Lot's of talk, not enough action*' [14 – 20/07/00]).

There was also coverage of the 'banning' of a photo exhibition in *'Aids conference bans 'graphic' photographs*' (07 – 13/07/00). This article quoted an interviewee for this work, Dalrymple, who described the incident as follows:

"I was involved in a controversy around a Dutch photographic exhibition that did not come to the XIIIth World AIDS Conference. The exhibition was actually withdrawn by the Dutch but reporting in the *Mail & Guardian* was inaccurate, sensationalist and my name was incorrectly used. It was claimed that the exhibition was banned by the conference organisers. As a spin off from this article I was then slated for some views expressed in a private e-mail and my arguments were taken out of context to accuse me of being racist, classist and undemocratic. The *Mail & Guardian* subsequently published a letter that I wrote giving the correct facts." (Dalrymple, 2000 – interviewee)

Clearly, sometimes what appears to be a simple news story has repercussions for those involved.

Health reporter Belinda Beresford also recently wrote an article *'Putting local Aids vaccines to the test*' outlining the process and expectations of the first clinical trials

of candidate vaccines. She explained in simple language some scientific challenges of vaccine development, the ethical pitfalls of conducting trials, and the likelihood that early vaccines will not be 100% effective:

“Total victory for the scientists would be a vaccine that produces total sterilising immunity: one shot and not only won’t you catch the virus, but it will also clear existing infection. This is highly unlikely.”

(Beresford, 2000b: 41).

It was comprehensive, well explained and useful for those involved in trying to explain these complexities to trial participants, their communities and wider society.^e

Cape Argus and Weekend Argus

The *Cape Argus* was the first local newspaper with a regular column on HIV/AIDS written by an HIV-positive person, Kevin Osborne. This was followed by other publications, notably, *The Sowetan* with its column *Just call me lucky* by Lucky Mazibuko. Osborne’s weekly column *Plus Life* (published on Tuesdays) has been published for approximately two years and he has covered many important issues and stated his opinions unequivocally. Highlights over this year include:

- The question of drug access in ‘*Drugs maintain a lifeline of hope*’ (24/04/00) in which he stated, “But what remains abundantly clear is that for many people living with HIV/AIDS, the taking of these drugs has been the very catalyst for the resumption of a ‘normal life’” (Osborne, 2000c: 12), and appealed for the prioritising of drug literacy education so that patients can understand what antiretroviral drugs do, issues of adherence and monitoring, and are enabled (if they can afford it) to make an educated decision on when to commence therapy.
- Safer sex through condom usage in ‘*Condoms without prejudice*’ (08/02/00) in which he pointed out that although one should applaud calls for

^e See Conclusion, pp. 137 – 139.

abstinence, one should also accept realities and encourage safer sex through condom use: "Abstinence advocates and condom campaigners should have a similar goal: the prevention of more HIV infections. It is just the road to get there that differs." (Osborne, 2000d: 8)

- The need for government funds allocated to AIDS to be spent wisely in *'Please spend money marked for AIDS'* (11/04/00), a reaction to the announcement that the government had only spent a portion of funds allocated to HIV/AIDS in which he appealed: "No longer should the making available of funds be seen as commitment in itself — this should be seen as a life necessity." (Osborne, 2000e: 9)
- Lack of political will in *'Time for politicians to put their money where their mouths are'* (04/10/00) and *'Politicians pay only lip service to crisis'* (17/10/00) in which he tackled lack of commitment from international partners such as the USA: "Much has been made of the fact that HIV is now viewed as an issue of national security for the US — but it appears that these grandiose words add more to the ever-increasing AIDS terminology and less to the real effort." (Osborne, 2000f: 12); and by local politicians in *'Power, politics laced with bias'* (19/09/00) in which he wrote, "So while the reality of HIV/AIDS will seemingly forever be entwined with issues of political will and ego, the reality is that it is those who will continue to suffer: the poor; the voiceless; the minorities." (Osborne, 2000g: 7)
- The costs of preventing mother-to-child transmission through drugs in *'Money spent unwisely costs lives'* (27/06/00) in which he said: "the availability and appropriate spending of finances is the provider of life itself the fact that Nevirapine (a drug which has been shown to reduce the rate of mother-to-child transmission) in Kenya is double the cost of the same quantity in Norway, is inhumane and an example of genocide in the making." (Osborne, 2000h: 16)
- The issue of stigma and disclosure with reference to the death of South African Presidential Spokesperson, "Parks" Mankahlana, which was suspected to be AIDS related but never confirmed. In *'A missed opportunity to tackle stigma'* (31/10/00) Osborne wrote "It is more than ironic that while

encouraging the world's AIDS community to 'break the silence', Mbeki's own spokesperson could apparently not do just that. Whether this is a measure of Mankahlana's lack of courage, I cannot say, but I know that we may have missed another proverbial window of opportunity."^f (Osborne, 2000i: 14)

- Wider social issues in *'Key questions in search for social immunity'* (29/11/99) in which he encouraged families to assess their own HIV competence; *'How we act counts more than red ribbons'* (01/12/99), his World AIDS Day message in which he stressed that concrete actions are more important than wearing red ribbons or speaking appropriate words; *'Infected and affected must join the fight of our lives'* (19/09/00) in which he recounted an incident in which he was identified at Cape Town International Airport by a stranger as "that guy with AIDS".

Osborne has, in a forthright style, taken on many aspects of life in South Africa with HIV/AIDS — at times painful, sometimes amusing, often condemning and occasionally praising. He even took on the media in a piece entitled *'SA's media should get off the fence and take a stand'* in which he lambasts journalists saying:

"No longer can the media, using the defence of unbiased reporting, sit on the fence while the AIDS fire burns Much more could be gained if the media was to spend its time and energies on covering the realities of HIV, rather than unrehearsed pandering to the theoretical debates and whims of the day." (Osborne, 2000b: 10)

The value of the perspective of an HIV-infected person deserves wider investigation beyond the scope of this work and is currently being researched. It allows investigation of aspects that might be ignored by other writers, presents an extremely personal, in-depth, experience-based insight into how, often abstract, political and scientific issues affect people, and allows for strong opinions which a detached journalist aiming for unbiased, objective reporting may not be able to

^f This was a particularly fraught issue because Mankahlana had been the major spokesperson during the Mbeki/dissidents' controversy and had been responsible for some inflammatory remarks that caused a stir — see Chapter Two.

achieve. Whether such columns are sustainable remains to be seen. There is enough material to write about but it must be a taxing exercise for an individual to come up with a fresh approach every week (Osborne is not a full-time journalist and is involved in extensive educational and advocacy initiatives).

It would also be useful to analyse the readership of Osborne's column — does he only reach the 'converted' (people already interested in and working in HIV/AIDS) or is he seen as representative enough to access a wider audience of both other PWAs and the public. As painful as the incident he recounted of being recognised at the airport (see p. 36) was, it indicates that the column has been noticed (and hopefully read) by the public (if you don't exist in the media, you don't exist!). It will be interesting to see if the column is maintained by the *Cape Argus* over the long run, if Osborne remains the writer, and to monitor its content and impact.

More general coverage in the *Cape Argus* reflected a diversity of interests and topics. Twenty four of the stories sampled were written by the health writer Di Caelers⁹ which, to some extent, justifies an ongoing criticism from the AIDS world that the media only sees HIV/AIDS as a medical/health problem. Commenting on this issue, Wallack, *et al.* write:

“Health problems are broken down into either a biological unit, and the solution is medical, or an information unit, the solution for which lies in education.” (Wallack, *et al.*, 1993: 82)

There were also articles by feature writers, and the political coverage (e.g. based on politician's speeches) was covered by political and parliamentary staff. Excluding Osborne's, the sample revealed no columns and two editorials on AIDS in general (like the *M&G*, columnists and the editor devoted their space to the Mbeki/dissidents' story). The two editorials in the sample focused on the more contentious issues. In '*Sisulus lead the way again*' (31/07/00) the editor praised the

⁹ Much of Caelers' time in 2000 was taken up with fundraising initiatives for the Red Cross Children's Hospital fund and for the Trauma Unit at Groote Schuur Hospital, so it is likely that her time for ongoing, in-depth AIDS coverage was constrained by these demands.

Sisulu family (a prominent political family, leaders of the anti-apartheid struggle) for disclosing that a family member had died of AIDS. In *'Final visit to dying lover'* (10/05/00) the focus was on the legal rights of same-sex relationships through the story of prisoner Quintin Booysen who obtained High Court permission to leave jail for a last visit to his partner of 15 years who was dying of AIDS.

Coverage reflected events and incidents. In particular, recent coverage has focused on the 'smuggling' in of drugs by the Treatment Action Campaign in *'Activists smuggle in HIV drug'* (18/10/00) and *'Smuggling of AIDS drug under attack'* (19/10/00); as well as on political electioneering in *'Province seeks cheaper AZT deal'* (18/10/00), *'AIDS drug row grabs centre stage in election campaign'* (20/10/00); and *'Can politicians save us from HIV?'* (11/07/00) a survey of the views of political parties on HIV/AIDS. In this article Candice Talberg commented that "the four main political parties appear to be strong on rhetoric and short on solutions". She went on to compare the South African political response to that of Uganda:

".... where politicians are required to refer to it in all their speeches and public awareness is high. But their South African counterparts appear to lack the same sense of urgency even though three or four million people here will probably die of Aids-related diseases in the next decade." (Talberg, 2000)

Other topics which received emphasis included:

- statistics — the annual antenatal survey results (*'HIV infection rate up in W Cape'* [Weekend Argus 11/03/00] and *'Runaway AIDS alert'* [17/01/00]), as well as a United Nations' report which predicted that 50% of South Africa's current 15-year olds would die of AIDS (*'AIDS death knell for SA teenagers'* [28/06/00] and *'Grim warning on AIDS epidemic'* [24/11/99]);
- international funding initiatives such as that of pharmaceutical company Bristol Myers-Squibb which started an extensive initiative in five southern African countries (*'R600 million AIDS project starts in Botswana'* [7/02/00]);
- a programme of AZT provision for HIV-infected mothers in the township of Khayelitsha which was showing good results (*'AZT programme on track in*

Cape [14/6/00]; and,

- the effect of HIV/AIDS on the public sector (*'Public sector haunted by spectre of Aids'* [Weekend Argus 26/02/00]).

As may be expected, there was a huge increase in coverage on and around World AIDS Day on 1 December 1999. The *Argus* published a feature narrative *'Three little words'* which ran a chapter a day between 1 and 24 December. The story concerned the effect of an HIV diagnosis and death of a father on relationships, family life and trust. A pullout wall chart was also produced for World AIDS Day.

The human interest focus was strong with articles on HIV/AIDS orphans at Nazareth House (a home for abandoned HIV-positive children and orphans) in *'New cottage for HIV kids at Nazareth House'* (19/10/00) and *'Cheeky smiles from society's outcasts'* (Saturday Argus 07/10/00); as well as a couple of articles on Faghmeda Miller, a young, HIV-positive woman who challenged the traditional Muslim community of the Cape by disclosing her status *'Faghmeda Miller, a woman of courage'* (01/12/99) and *'HIV-positive Faghmeda is the woman of courage'* (06/10/00) when Miller won a local women's magazine Woman of Courage Award.

There was some focus around education and prevention aimed at teenagers particularly around the launch of the *LoveLife*^h campaign, but little in-depth educational/prevention features. There were also few in-depth science features. One issue which received a more scientific approach concerned male circumcision as a potential infection-prevention method. This was covered in two articles in the sample — *'Doctors hope to cut Aids off at source'* (Weekend Argus 01/04/00) and *'Circumcision may cut to core of AIDS'* (23/11/99). There were also a few more scientifically complex articles on vaccine development including *'Breakthrough in Aids vaccine efforts'* (22/10/00) but again quite often the focus was on an incident, for example, funding in *'R100 m boost for SA research'* (13/07/00) rather than on the science itself. A number of more scientific articles were sourced from the

^h

An advocacy and education campaign focused on South African youth.

agencies or overseas publications such as the circumcision one mentioned above which originally appeared in the London *Sunday Times*.

Daily News

As mentioned, the Durban daily, *Daily News*, was the official conference newspaper for the XIIIth International AIDS Conference held in Durban from 9 to 14 July 2000. This is the usual pattern for the conference in which the organisers conclude a deal with a local newspaper.ⁱ The newspaper was available free of charge for each conference delegate after the morning plenary sessions. The conference coverage was also available to citizens of Durban enabling them to keep up to date with conference news.

To do this, the *Daily News* had a team comprising its health reporters, Natal Technikon journalism students, and a marketing expert, along with an special editorial/reporting team composed of the head of the AIDS 2000 key correspondents team, the chief conference communications organiser, the head of the conference community track committee, the editor of the MRC's *AIDS Bulletin* (author of this thesis), two science writers/reporters from the *South African Medical Journal* and the Editor of the *Journal of Continuing Medical Education*. This group met twice daily to decide which sessions to cover, which issues and debates deserved prominence, the allocation of articles, interviews and delegate surveys, and the placement of articles on the allotted pages. The conference supplied an equipped newspaper office with access to PCs and software for this group. The outputs of a team of key correspondents who were summarising conference sessions for online proceedings were also available for additional coverage. Filler materials were accessed from the agencies including Health-e News Service^j. The idea was to produce a removable, four-page supplement each day. However, the

ⁱ *USA Today* filled the role at the XIIth conference in Geneva in 1998.

^j Health-e is a news agency based in Cape Town which specifically focuses on medical and health stories. See web site <http://www.health-e.org.za>

news emerging from the conference became so high profile at times (particularly in view of opposition to the Mbeki/dissidents' consultation which became a rallying cry from each speaker) that coverage spread to other parts of the paper including front-page leads, columns and editorials.

This allowed opportunity for more in-depth, specialised coverage incorporating the knowledge and skills of a diverse group with experience of scientific writing and editing, as well as greater knowledge of HIV/AIDS who were able to source and dissect the major issues from the myriad of information on offer.

This proactive, planned coverage incorporating new expertise and voices not before accessed by this newspaper proved an exercise which was widely regarded as fruitful (Challenor, 2000 — interviewee). It was, however, not perfect, mistakes still crept in because of the ever-pervasive deadline factor, however, it probably heralded a new era in terms of resource and expertise commitment to one important issue by a local daily. In the words of Martin Challenor of the *Daily News* "We are making history here people!". In an interview Challenor pointed out:

"The conference was well handled by the print media because so many resources were devoted to it. Time, money and people were allocated to coverage, and it showed. (Challenor, 2000 — interviewee)

However, the *Daily Mail* coverage also received some criticism. Judith Soal pointed out an article that reported as 'news' the fact that 1600 people are infected daily ('1600 new infections a day' [11/07/00])— something that we've known for years. A front-page lead headlined '*AIDS will wipe out black majority — Minister's grim prediction*' (12/07/00) was also criticised for its irresponsibility and sensationalism. The article's contents were not particularly sensational, it focused on how a successful vaccine could reverse this trend, but the headline was misleading and brutal. This article also played into a trend identified by various people including some of the interviewees — namely the 'blackening' (racially) of the AIDS issue in

the media — giving the impression through language and coverage that AIDS is a 'black' problem which reinforces denial among whites.^k

Despite this commitment some of the usual gripes remained — being dependent on the whims of advertisers for spacing, stories being chopped to fit (sometimes losing value), slightly too sensational headlines not always matching the content, and greater emphasis on the controversies than on scientific progress and community aspects (although the scientists and activists inflamed this by constantly referring to the Mbeki/dissidents' issue virtually creating an 'us' [conference delegates] versus 'them' [SA government and dissidents] mentality).

Science stories included the overriding conference issues such as:

- the benefits of antiretroviral therapy — the latest information on when it should commence and on structured intermittent therapy (taking breaks in therapy) (*'Renewed debate on AIDS therapy'* [13/07/00] and *'Two schools of thought on ART'* [14/07/00]);
- information on the virus (*'Virus's quiet phase scrutinised'* [12/07/00]);
- vaccine development (*'World is ready to create AIDS vaccine'* [14/07/00] and *'Vaccine only way to win war'* [13/07/00]) (including a look at the ethical issues involved in clinical trials in *'AIDS poses ethical dilemmas'* [14/07/00]);
- the debate on breastfeeding versus formula feeding and the complications involved in making such decisions (*'Is breast best — a controversial issue'* [12/07/00] and *'Educate men in breastfeeding choice'* [12/07/00]);
- highlighting prevention initiatives that work *'Prevention for the short term'* [13/07/00] and *'Effective and workable strategies'* [10/07/00];
- the thorny issue of prevention of mother-to-child transmission (*'New Aids drug hopes'* [14/07/00] and *'Proof Aids drugs work'* [11/07/00]); and,
- evidence of an emerging epidemic of intravenous drug users in Africa (*'Higher risk factor for drug users'* [14/07/00]).

^k Interviewee Patrice Matchaba points to this as one potential explanation for why rates of infection are rising faster in the (predominantly Coloured and White) Western Cape as opposed to the other provinces.

Social and community issues covered included:

- the treatment access march which opened the conference (*'Government has failed to take Aids seriously'* [11/07/00]);
- drug prices and treatment access (*'Access is the 'hot' issue'* [11/07/00] and *'Judge hits at high drug costs'* [11/07/00]);
- calls for governments to be held accountable internationally for their lack of action (*'Hold governments accountable'* [12/07/00]);
- violence against women and women's vulnerability (*'Abuse key factor in epidemic'* [13/07/00], *'Women face double jeopardy'* [13/07/00] and *'Young women most at risk'* [13/07/00]); and,
- the vital role of social theory in ensuring that programmes are based on the actual experiences of communities and individuals (*'Role of social theory put under spotlight'* [11/07/00]).

Human interest stories included:

- interviews with PWAs and their families (*'Denial did not make it disappear'* [12/07/00], *'An untimely death'* [12/07/00] and *'Appreciating every day'* [12/07/00]);
- youth issues in *'What's the point in talking about it'* [12/07/00] based on a *LoveLife* survey which showed that violence, coercion and peer pressure are major factors in teenage sex;
- *'Never too young to spread the message'* [12/07/00] – an interview with a 10-year-old AIDS activist from India;
- a regular *'Getting up close and personal'* slot which surveyed teenagers on various aspects of sex; and,
- a look at the role of sex workers in *'Sex workers share their stories'* [11/07/00].

Practical information about new products and services was provided in *'Spreading safe sex options worldwide'* (13/07/00), *'Female condom is the way'* [13/07/00], and *'Get connected for private help'* [13/07/00] which looked at Internet resources for PWAs.

The two editorials published at the beginning and end of the week focused on how using condoms should be the mantra of the conference and beyond (*'Use a condom'* [14/07/00]), and how the conference should not be allowed to be a talkshop but should lead to workable strategies for fighting back (*'Declaring war on Aids'* [10/07/00]). The columns, similarly, focused on the need for post-conference action (*'Real work on Aids starts afterwards'* [11/07/00]) and for accountability by all sectors (*'Aids: Let's start taking stock of our lives'* [11/07/00]).

General opinions on conference coverage

A number of interviewees described the conference coverage generally in South African newspapers as "excellent", "very good" and "well done".

Freelance journalist and AIDS activist, Charlene Smith, was extremely positive about the conference experience:

"I loved the conference, it was a wonderful opportunity to cover a whole world of HIV in one place with some of the world's finest brains and resources, and simply wonderful people." (Smith, 2000 — interviewee)

The anonymous interviewee noted:

"In general, reporting on the conference was good. The main reason for this was that consideration was given to the facts and a non-biased view given by most journalists." (Anonymous, 2000 — interviewee)

However, a number of criticisms were also raised which deserve consideration.

Crewe pointed out that the conference coverage was so good because all the information was spread out before journalists for the taking:

"It was really much better than I expected and could be sustained – but then the journalists had a million issues laid before them on trays, they could pick and choose, and they did not have to work too hard." (Crewe, 2000 — interviewee)

Daily coverage of a conference is by nature somewhat patchy. Issues raised in one session may be picked up again in more detail in another session allowing greater analysis if the reporter was able to attend both sessions instead of covering it immediately. Also the sheer volume of sessions, press conferences, satellite programmes and events make it impossible to cover everything. This is where the weeklies scored substantially — by being able to obtain an overview of issues through the week. Laurice Taitz, who covered the conference for the *Sunday Times*, pointed out that the nature of her publication meant she was able to highlight the major issues. As she said:

“I therefore spent time tracking issues that I have been covering in the paper — these include access to drug treatments, prevention of mother-to-child transmission, the widening gap between the developed and developing world and policy issues.” (Taitz, 2000 — interviewee)

Judith Soal of the *Cape Times* emphasised the difficulties covering the conference for a daily presented:

“Practically the deadlines were almost impossible. My paper decided Aids belonged on an early page, which comes with a 5p.m. deadline, so I had to miss most of the afternoon sessions and write furiously. I wasn’t happy with the way it turned out ... It was hard to get off the press conference circuit and find real human interest stories. If I could do it again that’s what I’d change — let the agencies do the hard news and find the stuff that makes it real.” (Soal, 2000 — interviewee)

Soal also pointed out that the placement and subediting of her stories was often not to her satisfaction because she “wasn’t in the newsroom to shout and perform”.

Clearly this is where reader education and choice comes in — those seeking breaking news would go to their daily (accepting that the analysis might be superficial) while waiting for their weekly for more comprehensive analysis and review.

Parker commented on some aspects that should have been covered:

“It was complex to report on the conference, but most publications opted for a fairly narrow band of stories. There was, interestingly, little critique of the somewhat extravagant opening R5 million including fireworks was a little over the top for an opening of a conference on this topic and very few interviews with social and other scientists about the complexity of their work. The best we got was stories of delegates who were mugged, etc. There was also little analysis of the African story and little understanding that the epidemic requires concerted, systematic action in key basic areas (e.g. condoms, STDs, TB, care and support) now, and that lower cost drugs and vaccines are going to make little impact in real terms because they are complex to implement or will come too late.” (Parker, 2000 — interviewee)

Usdin also pointed out that there was too “little on what the public can do”.

Some interviewees felt that the conference coverage had potential to have a good impact generally but decried the fact that this momentum disappeared when the conference ended. Commenting generally on the standard of AIDS reporting, Matchaba said:

“It has been very poor until recently after the AIDS 2000 conference. However, one suspects that they still haven’t got to the crux of the issue and one fears that there are probably different political agendas driving the angles and topics covered. The AIDS 2000 conference and President Mbeki’s AIDS Panel has contributed to a more critical approach.” (Matchaba, 2000 — interviewee)

Matchaba also pointed out that newspapers were returning to their “normal silence” after the conference and “that must change”. He suggested the inclusion of a daily AIDS page in newspapers, as well as regular radio and TV slots (Matchaba, 2000 — interviewee).

Highlights from other newspapers sampled

Topics which received attention in the other newspapers included:

- the link between HIV and TB (*'Vigs, tering gaan hand aan hand in SA'*— *Volksblad* [23/09/00], *'TB and HIV/AIDS: the terrible twins'* — *Paarl Post* [27/04/00], *'Deadly duo concluding courtship on the SA TB stage'* — *Middellander*, [30/03/00]);
- the effect of HIV infection on essential professions including nursing (e.g. *'Duisende verpleegsters in SA dra vigsvirus'* — *Burger Oos-Kaap* [06/09/00] and *'Nog vigsskokke wag op SA'* — *Beeld* [06/09/00]);
- the effect on business, workers' benefits and development (*'Werknemervoordele só deur vigsepidemie getref'* — *Beeld* [23/11/99], *'Business must factor in the cost of AIDS'* — *Sunday Times* [20/02/00] and *'HIV/Aids now greatest threat to development, says report'* — *The Star* [24/11/00]);
- the issue of making HIV/AIDS notifiable (*'Strong no to making Aids notifiable'* — *Cape Times* [13/10/00]); and,
- the problem of AIDS orphans (*'Millions of orphans predicted as result of Aids scourge'* — *Pretoria News* [14/07/00]).

Two stories that received extensive coverage were the Nevirapine drug trials during which five female subjects were reported to have died, and the composition of the South African National AIDS Councilⁱ which excluded some important roleplayers in AIDS in South Africa inciting response from the activist and other communities (e.g. *'Composition of Aids body causes dissent'* — *The Star*, 15/02/00). The reporting of the clinical trial story is particularly important as South Africa prepares to undertake clinical trials for an AIDS vaccine.^m This story inspired explosive headlines such as *'Guinea-pigs weren't told of rights'* (*Pretoria News*, 11/04/00), *'Minister wants more study of HIV drug after 5 moms die'* (*The Star*, 6/04/00),

ⁱ The South African National AIDS Council (SANAC) was formed at the beginning of 2000 as an advisory body to the Department of Health and various parliamentary bodies.

^m See Conclusion, pp. 137 – 139.

and, 'We were in the dark, say HIV-drug patients' (*The Star*, 11/04/00). Of course, this was used by politicians for point scoring — quotes by the Minister of Health played into the justification that the drug Nevirapine was therefore dangerous and should not be licenced for preventing mother-to-child transmission and opposition spokespersons countered by condemning the Minister's stance.

Most articles focused on Nevirapine as the drug that caused the deaths (which was not proven but reflected the way in which the story was announced in parliament by the Minister) and it was usually only mentioned further down in articles that a three-drug cocktail was being administered and it was possible that the other drugs were to blame (although all three were registered antiretrovirals that had been used safely in other trials). Some journalists did point this out, for example, writing in *The Star*, Altenroxel and Thom noted that:

“Experts have questioned whether Nevirapine could have caused the deaths, as the drug had already undergone clinical trials of its own before being registered for use in 1998. (Altenroxel & Thom, 2000)

Only some articles explained what the subjects had died of (two of hepatitis, two of meningitis and one of pancreatitis) and that their deaths may have been related to normal AIDS complications. Articles also focused on the human rights aspects of the trials and on the fact that some patients claimed to be ill-informed about their rights when they signed consent forms. Opposition party spokespersons gained mileage from the idea of desperate people signing up for trials because they can't access drugs in any other way due to government and pharmaceutical company inability to reach agreement.ⁿ For example, in an article in *The Star* Pan African

ⁿ In 1996 former Health Minister, Nkosazana Dlamini Zuma, introduced a Bill which would allow the government to manufacture local versions of drugs under patents or import cheaper generics. The Bill is still subject to a Constitutional Court challenge by pharmaceutical companies. (Editor *AIDS Bulletin*, 2000: 27) During this year there has been ongoing negotiation between the government and five of the major pharmaceutical companies (Boehringer Ingelhem, Roche, Bristol-Myers Squibb, Glaxo Wellcome and Merck) regarding reduced prices for drugs. Activists maintain, however, that the 'deals' being offered by drug companies have "too many strings attached" and will prevent the importation of or local manufacture of cheaper generics. (Thom, 2000: 8)

Congress health secretary Costa Gazi was quoted as saying that:

“the people agreeing to be guinea pigs were desperate for medication. ‘Because the minister doesn’t make anti-retrovirals available, these women flock to these trials’.” (Altenroxel & Thom, 2000)

Again, how the story was reported and the consequences for future research are the major issues. There was undoubtedly an element of sensationalism, some inaccuracies (perhaps due to incomplete facts being available or because journalists were relying on one or two high-profile spokespersons who may not have had the whole story or had their own agenda) and little attempt to explain the processes and risks involved in scientific trials alongside their necessity if we are to make a difference to this epidemic.

Other stories which attracted attention included one about two babies contracting HIV from infected blood administered in a blood transfusion — a front-page lead in the *Cape Times* (08/08/00). This story had the potential to be seriously overdramatised because such a tragedy should not have occurred with the available technology. However, instead a straightforward, factual and accurate account was given by Judith Soal which included an explanation of the different types of HIV tests and what they measure, and also of the window period in which a newly infected person may test falsely negative. For example, Soal wrote:

“A person who is newly-infected with HIV will have a negative result on the standard Elisa Aids test for four to six weeks after infection, the so-called ‘window period’. Only once your body has had time to respond to the virus and produce antibodies will your HIV test be positive.” (Soal, 2000a: 1)

A educational piece appeared in *The Star* (supplied by the Health-e News Service). This article, entitled ‘*How do we know whether we are having safe sex?*’ (03/04/00), explained in simple detail how the virus is passed on and how infection can be prevented and ended with the words “It is important to have safe sex — use a condom.” (Thom, 2000) This type of article is needed regularly in as many newspapers as possible even if journalists find writing such stories repetitive and

dull. The ever-rising infection rate indicates that the message is not yet getting through.

The *Sunday Independent* published a three-part series in July (*'Death watch: Aids in Africa'* [09/07/00] which originally appeared in the *Washington Post*. It traced the scientific discovery of the virus in Africans in the 1980s as well as documenting the political response and the decisions and missed opportunities at international, national and community level that shaped the advance of AIDS in South Africa. This was a detailed explanation from what is regarded as a fairly independent and unbiased viewpoint (involving different roleplayers and commentators) emphasising just how complex political action is, how the legacies of apartheid have worsened the situation and that there is no single explanation for the failure of the government's campaigns. It highlighted the challenge that HIV/AIDS has posed to health policy formulation in many countries and noted the particularly South African complications:

“Confronted with forecasts of a cataclysmic plague at precisely the same euphoric moment that their epic struggle was on the verge of victory, the ANC approached Aids at first with a mixture of denial, resentment and tentativeness.” (Jeter, 2000)

Again there seemed to be some unnecessarily sensational, alarmist headlines with little value. Examples included: *'Aids war now fought in schools'* (*Sowetan Sunday World*, 12/03/00), *'Ethics drowning in a flood of Aids'* (*Daily Dispatch*, 06/04/00), *'HIV/Vigs die grootste ramp in die menseheugenis'* (*Beeld*, 07/07/00), and *'Young, gifted and DEAD'* (*Sunday Times*, 09/07/00).

However, there were also some useful positive stories. *City Press* ran a piece about the potential of the music industry to respond to HIV/AIDS in *'Boogie down in fight against AIDS'* (*City Press*, 20/02/00). A number of newspapers picked up a story released by the MRC about a simple, effective method to 'pasteurise' breastmilk to kill the virus but still allow the other benefits of breastmilk to the infant (e.g. *'Cans and jars might save babies from HIV'* [*The Sowetan*, 29/09/00], *'HIV breast-milk*

finding' [Daily News, 05/10/00] and '*Pasteuriserings van borsmelk verminder dalk MIV*' [Die Burger, 05/10/00]). There were also a number of stories encouraging youth to exercise their rights in sexual activities (e.g. '*It's your life, your body, your future — you DO have a choice*' [The Star, 14/02/00]). This kind of civic reporting puts the power of prevention back into people's hands instead of the endless bad forecasts which make readers feel helpless, and, although it seems like a soft option to reporters, it has a role to play in engendering hope and fostering action. There are programmes that are working, and supportive, well-informed reporting assists in spreading these successes. However, these stories are few and far between and require resourceful reporters to go looking for them.

There tends to be too much bad news when it comes to HIV/AIDS, as Challenor said:

"A sense of hopelessness pervades the print media reporting on AIDS. The story offers few bright aspects and is a litany of sad reflection on people's lives."
(Challenor, 2000 — interviewee)

Soal notes:

".... we are told there is no cure; that education and prevention are the only protection. From these primitive messages millions of people learn fear, hopelessness, loneliness and anger." (Soal, 2000b: 2)

So does Wellings:

".... scare stories about AIDS which, repeatedly and consistently, undermine the impact of this more reliable information." (Wellings, 1988: 97)

And Kevin Osborne urges change:

"Rather than adding fuel to the fire, the media should ensure that its reporting, while accurately reflecting the AIDS debates, mishaps and issues of the day, dispels myths, spreads hope and increases public ownership and understanding of the complexities of this epidemic. This is surely its core business and *raison d'être*." (Osborne, 2000b: 10)

Some conclusions

There is still a dearth of in-depth science reporting in South African newspapers.

As Challenor admitted:

“There is not enough coverage of ‘the science of AIDS’ in the print media. This could be improved by scientific people writing themselves or by having newspapers allow one of their staff members to become conversant with scientific issues. What would help matters considerably is if a pharmaceutical company decided to sponsor a regular column.” (Challenor, 2000 — interviewee)

Most journalists agree that there is a vast difference between the demands of daily and weekly reporting which is often reflected in the type of work produced. Journalists are also often under extreme pressure to produce work quickly and therefore tend to focus on events rather than ongoing debates and analyses.

Deadline pressure is a major factor particularly on the dailies and may mean at times that fact checking is not as scrupulously done as it could be. However, Cooke writes that this should force increased vigilance from reporters:

“Trying to check up on every fact in a breaking story is certainly impossible. But in a long-range, continuing story, journalists can make judgements more easily; airing statements that are *known* beforehand to be misleading, and especially those that the reporter specifically wants to debunk, is simply irresponsible.” (Cooke, 1997: 229)

The same spokespersons are quoted on many different issues probably because they are accessible to journalists under deadline pressure. Soal commented on this aspect:

“I should be more broad with my contacts — I have the ones I know well that I can always get hold of and I tend to use them to the exclusion of others. I'm aware of the problem but when you've only got a few hours to get a story together it's much easier to go with what you know. The Department of

Health is very hard to get a response from — that's half the reason they get such bad press.” (Soal, 2000 — interviewee)

Because it is such a complex, rapidly changing field it seems likely that it is a challenge for journalists to keep up with the ever-changing debates. This means they often have to rely on experts who may, at times, have their own undisclosed agendas for making statements. This reliance on ‘expert’ opinion works from the top downwards with community workers having less status than, say, a doctor although they may have more hands-on experience. Miller and Williams write:

“Because journalists have no objective standard for verifying what they are told they value authority and status over other criteria in assessing the reliability of the information they receive.” (Miller & Williams, 1993: 130)

Clearly, however, journalists should aim for a high level of accuracy and for development of the overall story over their body of work (on this and any other beat).

Thorough familiarity with the major issues is a prerequisite, as HIV researcher-turned-journalist Joanne Stein emphasised:

“HIV is a very complex and multi-faceted issue and journalists need to be sufficiently familiar with a variety of specialised areas of knowledge (not just scientific) in order to most productively promote and contribute to constructive public debate.” (Stein, 2000 — interviewee)

Taitz agreed, saying:

“Because of the history of AIDS, I think it’s very important for anyone reporting on the subject to familiarise themselves with what are essentially a series of debates.” (Taitz, 2000 — interviewee)

The importance of headlines, subheads, graphics/photos and captions can hardly be overemphasised — often the headline determines whether the reader reads the

story and internalises its content. As Parker said:

“It’s very difficult for the average reader to internalise much of what they read in a newspaper article. Instead, understanding is driven by headlines and intros, by photographs and other graphic images, and by repetitive reporting of the same issue in the same way.” (Parker, 2000 — interviewee)

There was little in the articles sampled that could genuinely be called a detailed educational piece. Simple, lay articles are still required on what the virus is, how it spreads and can be prevented, what individuals can do, and how to live a healthier life once infected. A serious omission, as Anthony Meyer of the World Health Organisation emphasised in 1988:

“Information and education on AIDS are fundamental to prevention, for the simple reason that AIDS is transmitted by specific acts that are largely subject to individual control However, information also has a potential for harm. Too often the first news of AIDS is sensationalized, stigmatizing, horrifying or distorted. First impressions are powerful and, if uncorrected, may persist and deepen into misleading beliefs and myths about AIDS. Such beliefs may harm people and threaten public health by leading to denial, blame, helplessness and passivity.” (WHO, 1988: 12)

How the news initially frames an issue tends to be long lived and constrains later choices — but although difficult to change that frame, it is not impossible and the advantages gained are worth the effort. And, as Kitzinger points out, readers play a role in construction of meaning:

“Audiences are active (although not equal) participants in the construction of meaning. They interpret what they hear and see in the context of what they already know or think.” (Kitzinger, 1993: 300)

Parker pointed out the media’s side of the equation:

“media professionals make assumptions about their intended audiences and shape the words, images and concepts they use, accordingly. As a consequence, information is often generalised and, whilst providing a broad milieu of

knowledge, messages are seldom sufficiently context-based to have deep impact.
(Parker, 1995: 4)

But to leave the final comments to two HIV-positive communicators. Ricky Treurnicht said at the AIDS conference:

“The media are not challenging themselves.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

And Kevin Osborne writes:

“.... it appears that the media has, by and large, not approached its response to HIV with a clear proactive strategy this ‘business as usual’ approach results in ever-increasing feelings of fear, mistrust and confusion.”

(Osborne, 2000b: 10)

CHAPTER TWO

Handling the controversies: a review of how South African newspapers covered the Mbeki/dissidents' story

The HIV/AIDS story of 2000 was probably the Mbeki/dissidents^a controversy. Politicians are always big news and the President is the biggest news of all, as Cooke emphasises:

“Powerful officials are best positioned to create news events, certify issues as newsworthy, and make news.” (Cooke, 1998: 5)

And Wallack, *et al.* write:

“the president has the ability to set the news agenda for media outlets.”
(Wallack, *et al.*, 1993: 65)

When a President of a country facing an AIDS crisis of unprecedented proportions appears to side himself with a controversial minority scientific viewpoint that has been discredited and ignored by the majority scientific community for years, the press will have a field day. It was the story that wouldn't go away — whenever it seemed to be over, another incident, statement, document or press conference brought it to the fore again, heralding a flood of new articles.

Cooke again:

“Politicians dictate conditions and rules of access and designate certain events and issues as important by providing an arena for them. Journalists, in turn,

^a The so-called 'dissidents' are a group of international scientists (and others) who dispute the link between HIV and AIDS. There are differing opinions within the group but some of their theories include that socio-economic conditions, antiretroviral drug use and recreational drug use are the major causes of immune-system depletion, not the human immunodeficiency virus.

decide whether something is interesting enough to cover, the context in which to place it, and the prominence the story receives.” (Cooke, 1998: 12)

This sequence of events presented both a challenge and opportunity to journalists: a challenge because of the complexity of the issue and the difficulty in unravelling the underlying motivation for events, opinions and statements, and understanding exactly what the controversy entailed; an opportunity in that politics ‘meddling’ in science gave HIV/AIDS greater prominence in the media than ever in South Africa and the fact that it was a ‘juicy’, sometimes sensational story, characterised by rigidly opposing sides, deeply held ideas, larger-than-life characters and emotional outbursts. Health reporters found they didn’t have to struggle for front-page leads or column centimetres, and journalists from other ‘beats’ and columnists rapidly became involved in covering the story from different angles.

Dalrymple said:

“It was blown up out of proportion and given far too much coverage. However, the President’s views are of interest and it’s a pity that he got involved in this controversy.” (Dalrymple, 2000 — interviewee)

This chapter will take a critical look at a sample of the articles covering the controversy, highlight some major gaps in coverage and attempt to draw some conclusions about how best to cover a difficult story of this nature while still providing accurate, reasonably objective information for a public that was rapidly becoming confused by the mixed signals they were receiving.

Mixed messages

Writing about the early days of the epidemic, Kitzinger highlighted the consequences of mixed messages pointing out that when it seems that ‘the experts’ keep changing their minds about HIV/AIDS, people will come to lack confidence in the official view (Kitzinger, 1993: 296).

At the best of times, it is hard for the lay public to comprehend scientific information. When the information coming from government and scientists conflicts, or acutely contradicts, it tends to become confusing. Wellings writes:

“In situations where there exists doubt and uncertainty, people use a variety of mental techniques or ‘short cuts’ to handle the information they are presented with.” (Wellings, 1988: 101)

In an epidemic for which there is no cure, fuelled by personal behaviours and characterised by denial and silence, the consequences of unclear, high-level information can be deadly. At the height of events, health care providers were reporting that some patients were returning to high-risk behaviours, including breastfeeding and unsafe sex, because they were confused by the government’s message on whether AIDS was infectious or not.

Wellings reiterates the complexity of this aspect:

“members of the public are unlikely to have access to the primary source data about AIDS — they must rely instead on second and third hand reports for their information. The national press therefore has a particularly powerful role to play in mediating between available scientific evidence on the one hand and public perceptions of AIDS on the other. Within this context, we have already seen how misunderstandings have been generated via the selective attention this section of the media has given to particular sorts of material as the basis for its news stories and features; via the ways in which scientific evidence has been interpreted and presented; and the use of emphasis and the playing up of certain ‘angles’ in the reporting of AIDS stories.” (Wellings, 1988: 101)

Politics and HIV/AIDS reporting

Cooke emphasises the importance of and difficulty in obtaining political commitment which has been a feature of the HIV/AIDS issue globally:

“For the first decade of the epidemic, AIDS produced the policy stalemate. Valuable time (not to mention lives) was lost from first recognition of a new and deadly disease in 1981 until April 1 1987, when President Reagan delivered his first speech on the epidemic and definitely legitimated its place as a permanent item on the political agenda. Decision makers have been playing catch-up ball ever since Although the mass media do not set the political agenda single-handedly, they help determine which private matters (such as disease) become defined as public events (such as epidemics).”

(Cook, 1998: 218)

For the first decades of the HIV/AIDS crisis merely obtaining political interest and therefore media coverage was a major challenge to AIDS educators, as Cooke emphasises:

“Only when authoritative sources — most often government officials and established scientists — created a news event that served as a peg for reporters would the epidemic become newsworthy.” (Cooke, 1998: 222)

The media has become both the terrain in which the dirty linen is washed and the forum in which most major discussions of society take place. Simply being selected for attention lends a story, in this case AIDS, legitimacy in the eyes of the readers who, in addition to the general public, encompass opinion leaders from every sphere. Newspaper coverage undoubtedly affects political will and, equally, the media are an indispensable instrument of government. Cooke explains this further:

“The media’s identification and definition of public problems affect not just mass audiences. Politicians too, are highly attentive to news coverage, which often diverges from the specific choices or emphases they would prefer Policymakers are more likely to respond to issues as their prominence in the media increases.” (Cooke, 1998: 218)

Cooke believes that objectivity in reporting fraught political issues (such as this story) is almost impossible because covering an issue immediately gives it prominence and forces action by the parties involved — in this case often retaliation.

“By applying standards of objectivity, importance and interest, and judging stories by how well they fit the ‘production values’ of the news, journalists may believe they are contributing no political bias news media are political because the choices they end up making do not equally favour all political actors, processes and messages. Far from holding up a mirror to external political actions, the news media are directly involved in instigating them.”
(Cooke, 1998: 165)

Cooke also observes:

“Journalists are not well trained, nor are news organisations well equipped, to help weigh problems, set political agendas, examine alternatives, and study implementation. Journalism’s criteria of importance and interest simply may or may not have much to do with societal concerns of politics and policy making.” (Cooke, 1998: 167)

With the Mbeki/dissidents story it became almost impossible for newspapers to not cover the story in ever-increasing amounts which some have labelled ‘sensationalism’.

Development of the story

The vague idea of this story emerged in October/November 1999 when President Mbeki and Health Minister Manto Tshabalala-Msimang expressed doubts about the affordability and efficacy of antiretroviral drugs (specifically AZT^b) for preventing mother-to-child transmission of HIV and for post-exposure prophylaxis for rape

^b Azidothymidine, also known as zidovudine. This was the first available drug that showed some benefits in delaying the genetic integration of the HI virus. It has also been shown to reduce mother-to-child transmission of HIV.

victims. (In a speech to the National Council of Provinces in October 1999 President Mbeki referred to the "toxicity of AIDS drugs" — Taitz, 1999.) This pitted politicians against accepted scientific opinion and clinical evidence (presented to the government in reports from the Medical Research Council, Medicines Control Council and pharmaceutical industry). Things reached a head early in 2000 when rumours circulated that the President had accessed the web sites of so-called 'dissidents' who espoused alternative viewpoints regarding the causation of AIDS. The story became prominent in March/April when it became known that Mbeki had been in personal contact with one of the dissidents (David Rasnick — a molecular pharmacologist from California who, among other beliefs, has suggested that stopping HIV testing will halt the epidemic) and with the release of letters that he had written to world leaders (including Presidents Clinton and Blair) urging them to consider alternatives to the orthodox HIV/AIDS hypothesis.

The meetings of the Presidential AIDS Advisory Panel^c (in May and before the Durban AIDS conference in July); speculation about its composition (roughly half 'dissident' half 'orthodox'); rumours about President Clinton's involvement (allegedly increasing the number of 'orthodox' panellists to ensure that this view would predominate); some contentious, misleading statements by various spokespersons (particularly presidential spokesperson, Parks Mankahlana); rumours that some outspoken individuals had been warned to "keep quiet" under threat of losing their jobs; confrontations during parliamentary question-and-answer sessions and other political fora (notably a 'poison pen' interaction with opposition leader, Tony Leon); and, a bitter on-air brawl between the Minister of Health and a talkshow host (Radio 702's John Robbie) kept the pot boiling furiously over the months.

Parker said:

"In some publications there was some romanticising of the dissident theory and

^c The Presidential AIDS Advisory Panel was a consultation of approximately 30 international experts from both the 'dissident' and 'orthodox' camps which was brought together by the South African government to discuss various issues around the aetiology of AIDS and to make suggestions for prevention and treatment options for the South African context. The panel held two meetings (May and July) and the proceedings were consolidated into a report due to be published early in 2001.

historically we have seen this too. The core issues are that one doesn't make scientific information through a meeting of scientists, that exists before the meeting science also cannot be made through consensus at a meeting — I think the media figured that one out. There were a number of points that were glossed over — especially what was said initially and what was denied later. The impact of this flirtation by a person with the status of President has impacted negatively on health workers in communities, who are now challenged by those they have 'educated' about the facts of HIV/AIDS and this has not been covered by the media. The media (and AIDS activists too) mobilised very slowly in terms of getting the facts out, and had they done so sufficiently quickly, it may have prevented the panel from getting out of the starting blocks." (Parker, 2000 — interviewee)

Clinician, Ashraf Grimwood, observed that:

"The press have been kind to our leaders when they have made blatant stigmatising comments, for example Parks Mankahlana Journalists are not critical or analytical enough especially in the press supporting the government." (Grimwood, 2000 — interviewee)

Basis of analysis

This analysis of coverage of the Mbeki/dissidents story is based on a sampling of 306 articles in 28 newspapers (19 dailies and 9 weeklies) spanning the period November 1999 to October 2000. It also includes the opinions of the interviewees some of whom were involved in the process as scientists (and panellists) and others who covered the story as journalists.^d

Obviously this does not represent a comprehensive review of all the articles written on the subject, however, the breakdown of newspapers covered in terms of type

^d It also reflects a privileged insider's viewpoint — the author of this thesis served as a rapporteur at the panel meetings.

of publication, circulation and geographical area provides a snapshot overview of coverage.

The newspapers include: English weeklies *Mail & Guardian* (circulation 37 728), *Sunday Times* (circulation 455 892), *Sunday Independent* (circulation 39 735), *Saturday Argus* (circulation approximately 75 000), *Sunday Argus* (circulation approximately 35 000), *Saturday Star* (circulation 140 516), *Sunday Tribune* (circulation 112 495); dailies *Cape Argus* (circulation 79 243), *Cape Times* (circulation 52 774), *The Star* (circulation 166 539), *Business Day* (circulation 41 708), *The Sowetan* (circulation 228 166), *Pretoria News* (circulation 25 713), *Citizen* (circulation 128 882), *City Press* (circulation 269 167); and Afrikaans newspapers *Die Burger* (circulation 114 082), *Saterdag Burger* (circulation 121 574) and *Burger Oos-Kaap* (circulation approximately 23 000), *Beeld* (circulation 104 165), *Naweek Beeld* (95 877), *Volksblad* (circulation 33 948) and *Bonus Volksblad* (circulation 29 357). One or two articles were also reviewed from *Mercury* (circulation 42 199), the now-defunct *Evening Post* (circulation 15 226), *Daily Dispatch* (circulation 40 027), *Natal Witness* (circulation 27 206), *Daily News* (circulation 71 816), *Eastern Province Herald* (circulation 35 838) and *Diamond Fields Advertiser* (circulation 8173).

Article-type breakdown (See Appendix E – Tables 2.1 to 2.7)

Mail & Guardian – 54 articles including 14 news stories, 22 features, 6 columns, 8 editorials and 4 letters.

Cape Argus – 55 articles including 37 news stories, 7 features, 7 columns, 1 editorial, 2 letters and 1 advert.

Weekend Argus – 11 articles including Saturday edition –3 news stories, 4 features, 1 column, 1 editorial and 1 letter, and Sunday edition –1 news story.

Cape Times – 13 articles including 9 news stories, 1 feature, 2 editorials and 1 letter.

The Star and *Saturday Star* – 22 articles including 12 news stories, 9 features and

1 editorial.

Business Day — 16 articles including 8 news stories, 5 features, 2 columns and 1 editorial.

The Sowetan — 9 articles including 4 news stories and 5 features.

City Press — 3 articles including 2 features and 1 column.

Sunday Tribune — 2 articles both features.

Pretoria News — 12 articles including 9 news stories, 1 feature and 2 columns.

Citizen — 21 articles including 13 news stories, 7 features and 1 letter.

Sunday Independent — 8 articles including 2 news stories, 5 features and 1 letter.

Sunday Times — 23 articles including 8 news stories, 5 features, 4 columns and 6 letters.

Die Burger and *Saterdag Burger* — 17 articles including 15 news stories, 1 feature and 1 editorial.

Burger Oos-Kaap — 7 articles including 6 news stories and 1 editorial.

Beeld and *Naweek Beeld* — 11 articles including 8 news stories, 2 features and 1 editorial.

Volksblad and *Bonus Volksblad-Saterdag* — 8 news stories.

Daily Dispatch — 3 news stories.

Daily News — 1 news story and 1 letter.

Diamond Fields Advertiser — 1 feature.

Eastern Province Herald — 1 news story.

Evening Post — 1 news story and 2 features.

Mercury — 1 news story and 1 feature.

Natal Witness — 2 features.

The 306 articles sampled included 164 news stories, 84 features, 23 columns, 17 editorials, 17 letters^e and 1 advert (which appeared in all the Independent Newspaper Group titles).

^e The letters included were substantial pieces usually from well-known persons including government officials.

General comments

How the story was reported became a sensitive issue in itself with politicians denying having made controversial remarks that appeared in print and scientists disputing whether an academic debate should take place at all within the public arena.

Scientist, Lynn Morris, commented:

“Science is ‘debated’ in scientific journals and at conferences and good research is published and funded. The dissidents were long ago discredited in scientific circles. Their ‘renewed’ popularity is entirely due to their exploitation of the lack of public understanding of how science works. There was some good reporting but few people actually came out and said this was nonsense. Most just reported the story. I’m not sure that HIV/AIDS should be used as a topic for debate in the lay press.” (Morris, 2000 —interviewee)

Cooke points out:

“Reporters must recognize that even the best science is intuitive, contingent, theory-driven, and altogether messy.” (Cooke, 1998: 227)

The issue highlighted the challenge of bringing two very different fields (science and journalism) together. For most journalists, tackling this story meant trying to present and balance the dissident and orthodox viewpoints and capture the statements of the major players without necessarily trying to critique or analyse either. Critique and analysis was left to the columnists and letter writers. This approach did not satisfy many scientists who would have preferred factual critique of the two hypotheses. (In the case of the orthodox scientists, not merely critique but clear, unambiguous refutation of the dissident view.) Journalists aren’t necessarily expected to take sides or to state strong opinions but interpretation is not necessarily opinion and it is the role of journalists to act as impartial, objective

interpreters explaining complicated events, ideas and policies for the public. Nelkin emphasises:

“... scientific standards of objectivity require not balance but empirical verification of opposing hypotheses.” (Nelkin, 1995: 88)

Science (including health) reporting requires analysing different sets of facts to reach some truth behind (and confirmed by) those facts —this was a serious omission in the coverage.

Naturally this issue brought the most emotional and strongly felt opinions from interviewees (the interviews were conducted in the midst of the ‘crisis’) with, predictably, most scientists angry about how the media was handling the issue; journalists and communications experts focusing on the difficulties it posed to them, their publications and their readers; and clinicians emphasising the consequences of the reporting for their patients.

Scientists commented as follows:

“HIV/AIDS should not be used as a tabloid-type sensationalist news item as was done with the dissident story. This, in my mind, is the most irresponsible abuse of power by journalists and editors. Many of them used this story to ‘create’ news by deliberately writing inaccurate and misleading stuff. HIV/AIDS is not this week’s ‘news story’. It is a problem that is going to be with us for a very long time and has major implications for the future of our country. Misreporting on this issue, such as questioning whether HIV causes AIDS is more than dangerous — it’s life threatening.”

(Morris, 2000 — interviewee)

And:

“Both the Virodene debacle^f and the AIDS dissidents controversy were badly handled. In both cases almost no attention was paid to the scientific facts, either for or against, in most articles. There were, of course, exceptions and a

^f

See Chapter One, p. 28.

few well-written, objective pieces did appear especially in the *Mail & Guardian*. Reporting on Mbeki and the dissidents was really bad in general. An immense amount of damage has been done by irresponsible reporting, e.g. reporting that HIV tests are inaccurate, etc. This could well lead to an infected person, who has previously acted responsibly, believing that he/she is not really infected and resuming high-risk behaviour.” (Anonymous, 2000 — interviewee)

Clinicians who face the harsh realities of the needs of AIDS patients every day offered this perspective:

“The media has been amazingly duplicitous in the Mbeki affair. The reporting on the Mbeki panel was generally quite good but not critical enough. There wasn’t enough analysis.” (Grimwood, 2000 — interviewee)

And:

“The reporting was robust, but I feel that they failed to dissect all the issues.” (Matchaba, 2000 — interviewee)

Professor Gary Maartens of the University of Cape Town said:

“The dissidents were given too much space without sufficient space to good rejoinders In the end the papers I read saw the light and scored points against Mbeki but initially they did a lot of damage.” (Maartens, 2000 — interviewee)

Journalists pointed out their view:

“HIV/AIDS is tricky to cover. While on the one hand, the dissident issue has highlighted the fact that those who report on the orthodox view are activists in their own right, one also has to draw a line between activism and journalism. If there is one thing that watching the dissident issue unfold has taught me is that it’s important to try and maintain a critical distance to the work. I think the key to good journalism on this issue is the tracking of major issues and reporting of shifts as they occur so that readers are not left out of the unfolding

events and are given the information to formulate or strengthen their own views. Nothing should be taken for granted.” (Taitz, 2000 — interviewee)

Martin Challenor of the *Daily News* said:

“I thought the standard of reporting on the Mbeki/dissidents story was of the normal and regular standard. There was just an attempt to report what was going on. I do not believe that the media as an institution has motives or purpose, other than to tell a story and to survive commercially.”

(Challenor, 2000 — interviewee)

And, according to Soal:

“On Mbeki it’s really difficult to know how hard to go. It would be easy to report all the criticism and be accused of escalating the conflict (which I think some reporting has done) but, on the other hand, you can’t ignore people like Judge Edwin Cameron⁹. I try to make sure there’s a real story, not just gratuitous point scoring, but I don’t believe in going easy on people who aren’t doing their jobs.” (Soal, 2000 — interviewee)

Health educators focused on the consequences for their education initiatives:

“The President’s queries have caused tremendous confusion with debates happening way over most lay people’s heads. Journalists need to be given information in a very dejargonised, user-friendly manner.” (Usdin, 2000 — interviewee)

Parker emphasised the demotivation that resulted:

“By focusing on government ‘screw ups’ there has been a tendency to demotivate many committed individuals working within the health services. There has been little celebration of the work of the latter.” (Parker, 2000 — interviewee)

⁹ Edwin Cameron is a Supreme Court Judge who announced his HIV-positive status in 1998. Founder of the AIDS Law Project at the University of the Witwatersrand, he is a staunch advocate for the protection of the human rights of HIV-positive people in South Africa.

Stein had a more positive opinion:

“I think HIV/AIDS reporting has improved greatly in the last year or so. This is predominantly because HIV has become a political issue.” (Stein, 2000 — interviewee)

Notable inclusions and omissions

Although one could rightly argue that this was not only a science/health story (and indeed the coverage by all sorts of reporters, particularly political and parliamentary, shows it wasn't treated as such) it afforded an outstanding opportunity (or many) for science writers to come to the fore with incisive, factual pieces. The sampling, however, revealed a very low number (approximately 30) of what could genuinely be called science stories.

Most articles covered comments and incidents but steered clear of stating the science — finding the relevant journal articles (from both sides) and presenting clear, unambiguous scientific arguments. A number of the interviewees believed that had this happened early enough the media could have played a role in ending the controversy much earlier — perhaps even before the Presidential AIDS Advisory Panel was formed.

For example, the sampling revealed no articles (until October 2000 in the *Mail & Guardian*) that gave a detailed explanation of how the virus works in the human body. This was needed early, in simple language, in as many newspapers as possible.

This was a breaking story and, in general, newspapers tended to be reactionary rather than proactive. They responded to incidents and speeches rather than trying to clarify the opposing views in detail. There seemed to be greater emphasis (perhaps unconsciously) on stoking the controversy than on examining the scientific validity of each side's arguments.

No journalists in the sample looked at the 'dissidents' in detail and attempted to analyse their statements, motivation or the scientific basis of their arguments. The fact that there is more than one dissident argument and they don't present a united opinion was probably missed by most readers. No one uncovered their scientific track record, or analysed their publications and academic records. This applies equally to the main voices in the 'orthodox' camp. Crewe noted:

"Few journalists took the trouble to situate the dissidents in their historical framework and to really understand the issues — even fewer took Mbeki on as a serious intellectual which they should have done." (Crewe, 2000 — interviewee)

Personal interviews (8 in the sample) were published but these focused on what the person said and didn't include much analysis of the subject's scientific credentials or professional experience. No examples in the sample traced the career credentials of either side in any depth. An exception was a profile of dissident Peter Duesberg in the *Mail & Guardian* which outlined some of his career highlights pointing out that after his early groundbreaking work on the cancer gene "he was even rumoured to be in line for a Nobel prize" (Powell, 2000: 30). Equally, no one comprehensively traced the development and discrediting of the dissident group internationally.

Beyond the naming of the panel's composition and concerns around the exclusion of some prominent South African AIDS scientists, there was little commentary on the disproportionate representation of the dissidents in comparison to their position in world science. There was also not enough discussion of what a panel of roughly equal numbers of orthodox/dissident participants was likely to achieve in terms of consensus and whether a meeting like this could ever be a forum for scientific consensus.

The announcement after the second panel meeting in July of a series of experiments to be undertaken to conclusively prove or disprove the HIV/AIDS hypothesis was particularly problematic. A number of reporters misinterpreted the

announcement (which admittedly was badly explained at the press conference) to mean that the existing HIV tests were flawed and inconclusive. For example, *The Sowetan* published an article entitled 'Aids-HIV tests to be validated' which opened with the statement:

"The Aids panel appointed by President Thabo Mbeki early this year is to review the validity and accuracy of the tests used to detect the presence of HIV." (Mzolo, 2000: 4).

Similarly an article in *Business Day* stated:

"A small committee of the Presidential Advisory Panel on AIDS is to conduct a study of the reliability of current diagnostic tests for HIV."
(Sidley, 2000: 9)

This issue would have been an ideal topic for further investigation — finding and presenting information on the different types of HIV tests and what they measure. The sample revealed only one brief article on this topic (in the *Mail & Guardian* [15 — 21/09/00]). In none of the reports sampled had the journalists investigated this fully in detail which would have been an outstanding opportunity to inform the public. This was a serious omission for health workers who were faced with clients who were unsure if the tests had accurately diagnosed their status. Anecdotes abounded regarding doctors being faced with queries from patients about whether ELISA tests are accurate and whether there is new evidence on the toxicities of anti-HIV drugs (Morris, 2000 — interviewee).

There was some questioning of the political motivation behind the issue but little exploration of the consequences on individuals. Rumours of people changing their behaviours because of the confusion were prevalent but no journalists tracked down such people and found out why. Without 'evidence' this aspect remained anecdotal.

The focus was political news not scientific inquiry. Examples of scientific issues that could have been reviewed to enhance clarity include work on antiretroviral

drugs — a history of AZT, what it has been used for, why it was registered for use against HIV, what different types of antiretroviral drugs do in the body, the advent of Highly Active Antiretroviral Therapy (HAART), experiences and case studies of HAART users in the USA and Europe, and the effect antiretrovirals were having on their survival, disease progression and quality of life. The sampling revealed only one in-depth article of this nature by Laurice Taitz in the *Sunday Times* (28/11/99) which pointed out:

“Results released earlier this year from a study by the US National Institutes of Health and UNAIDS found that just two doses of Nevirapine — one to the mother at the onset of labour and one to the baby, reduced the transmission of HIV to a level 50 percent lower than AZT.” (Taitz, 1999)

This article also included a useful ‘Did you know’ sidebar which gave in point form quick and simple facts about AZT such as “AZT is not a cure for AIDS”.

The *Cape Times* produced some articles examining the scientific proof that mother-to-child transmission can be prevented by antiretroviral drugs, presented a simple lay explanation of the near impossibility of conducting clinical trials to prove that post-exposure prophylaxis works for rape victims by Judith Soal, and examined the complexities of the various free drug deals and licencing and patenting problems. (*‘Some facts, but the big drug questions are left hanging after health minister’s address’* and *‘Challenge to AZT maker’* [17/11/99], *‘The President, the opposition leader and the conspiracy theory’* and *‘Why people are angry about Aids’* [10/10/00]).

However, few journalists in the sample covered the South African Nevirapine trials^h — the results, potential side effects and the issue of resistance — which was cursorily mentioned by scientists interviewed but never explained fully. The focus was primarily on cost and didn’t analyse the wider aspects such as the need for

^h The results of the South African Nevirapine trial (SAINT Study) which showed that the drug Nevirapine has potential as a cheaper preventive measure for mother-to-child transmission were presented at the Durban conference and were covered by the newspapers, but the link between this and the Mbeki/dissidents’ issue was never clearly delineated in lay language.

counselling and testing to identify infected mothers; the staff and clinical resource requirements; the need for clear policies on breastfeeding and the provision of formula feed; and the fact that accepting 'free' drugs might prevent the importation of cheaper generics, for example. There were no detailed attempts within the articles sampled to look at long-term issues such as orphans and little real analysis of the social, economic and human rights aspects.

The emphasis was on debate-type articles (i.e. dissidents versus orthodox) which are useful in clarifying positions but also served to fuel the controversy by portraying rigidly opposing sides and implying that a debate was taking place which wasn't always the case. Articles in this style included one by Lynne Altenroxel published in *The Star* (19/04/00) which included clearly stated information, and one by Laurice Taitz in the *Sunday Times* (09/07/00). *The Star* article took various questions including "Does HIV cause AIDS?" and 'Are AIDS diagnostic tests accurate?' and outlined the dissident and orthodox responses alongside each other, while the *Sunday Times* stated the major question and listed the dissident and orthodox viewpoints and provided more information on the dissident personalities.

The language used was problematic in many cases — often confrontational, at times blatantly antagonistic and often serving to enhance the sensational aspects. Headlines like '*President's office declares war on journalist for questioning Mbeki*' (*Sunday Independent*, 01/10/00), '*Make my day, prove me wrong*' (*Cape Times*, 08/05/00), '*Kenner se Mbeki se vigsteorie is snert*' (*Die Burger*, 22/09/00), '*Aids deadlier than war*' (*The Sowetan*, 06/04/00) and '*Sentenced to death*' (*Diamond Fields Advertiser*, 11/05/00) certainly could have played a part in furthering the controversy.

There were a few attempts to comment on the costs of the panel but not enough analysis on this issue. As Grimwood said:

"There was no mention of the waste of money and what this could have done in saving untold thousands of children." (Grimwood, 2000 — interviewee)

Also worth mentioning are the cartoons which became a feature of the 'great debate' (some examples are given in Appendix F). These often said more and were more eloquent than the columns or editorials. Also deserving of mention was the creative usage of photographs in an article in the *Sunday Times* (07/05/00) in which a two-sided Mbeki head was placed between 'orthodox' Makgoba (MRC President) and 'dissident' Rasnick with the caption "Listening to both sides".

Three newspapers were chosen for more intensive evaluation — the *Mail & Guardian*, a national-based weekly, and the *Cape and Weekend Argus*, a daily and weekly based in the Western Cape.

Mail & Guardian

The *Mail & Guardian* (M&G), as is its tradition, provided among the most outspoken, opinionated coverage. The editor, Phillip van Niekerk, came out strongly early with a forceful editorial '*Aids exists. Let's fight it together*' (11 — 17/02/00) which elicited praise from AIDS workers. He stated categorically that AIDS exists and that the focus should be on fighting it rather than meaningless academic debates. This was the first of 8 editorials on the topic (a significant number for one topic in one year) and set the tone for most M&G coverage.

As Morris described it:

"Phillip van Niekerk wrote an excellent editorial on the dissident story a while back. What made this remarkable was that he was taking a stand and making a strong statement rather than just reporting the events which many others did. The problem with just reporting the events around the dissidents' story is that it gives the impression to the public that there is a real debate going on when in reality there isn't." (Morris, 2000 — interviewee)

This clear, unambiguous stand was maintained with further editorials including: '*What's behind Mbeki's crusade*' (31/03 — 06/04/00) which came straight to the

point:

“We and other critics of the president’s approach to HIV/Aids would deny no one — not even crackpots — the right to challenge conventional wisdom. The issue for us is that Mbeki is missing his vocation completely if he seeks to revise scientific knowledge instead of expediting policy in the way he was elected to do.” (Editor, *Mail & Guardian*, 2000a: 26)

While in ‘*A failure to act now is genocide*’ (21 — 27/07/00) the Editor put on paper the words many AIDS workers were thinking:

“Mbeki and his government must get their act together in combatting HIV/Aids — now — or get out of government.”
(Editor, *Mail & Guardian*, 2000b: 28)

Dissident viewpoints were presented but largely counterbalanced with in-depth focus in the orthodox viewpoint and the futility of the debate. This reached a peak with a cover in September consisting of a photo of Mbeki, backgrounded in red (the colour associated with AIDS) and the words “Just say yes, Mr President” (15 — 21/09/00) accompanied by an editorial with the same headline and theme — that it was time for Mbeki to say that HIV causes AIDS instead of indulging in semantic debates and allowing his staff to avoid answering the question.

Strongly worded headlines give a clear indication of where the *M&G* placed itself — examples include: ‘*Politicians unwilling to accept stubborn science*’ (10 — 16/03/00), ‘*Irrational Aids debate rides rough-shod over patients*’ (10 — 16/03/00), ‘*Mbeki fingers CIA in Aids conspiracy*’ (06 — 12/10/00), ‘*The fool, the plague and the president*’ (12 — 18/05/2000), ‘*Mbeki’s Aids letter defies belief*’ (28/04 — 04/05/2000), and ‘*Govt Aids nut linked to Ku Klux Klan*’ (08 — 14/09/00).

The *M&G* also undertook a survey of cabinet ministers asking them for their personal views on whether HIV causes AIDS (‘*Cabinet on Aids: Ja, well, no, maybe*’ — 15 — 21/09/00). This clearly put the government into a corner highlighting the confusion, denial and fear of speaking out at the highest levels. For

example, the article commented:

“Several cabinet ministers chose not to answer the M&G’s question on the link between HIV and Aids, preferring to fax through a statement by the Government Communication and Information Service (GCIS). (Deane, Kindra & Beresford, 2000: 4)

Three double-page spreads had impact. The first in March/April (31/03 – 06/04/00) featured a profile of ‘dissident’ Peter Duesberg (*‘The self-styled Galileo of the modern age’*); a look at some spin-off effects of the debate on policy formulation (*‘Disarray in SA’s HIV/AIDS policy’*); an anonymous article by ‘a reformed dissident’ opposing the resurgence of the debate – “I am deeply disturbed that at this point in time anyone would wish to give these views a prominent airing or even (yet another) serious evaluation” (*‘A former ‘dissident’ airs his views’* – Anonymous 2000: 30); a denial that the President had ever said that HIV does not cause AIDS by presidential spokesperson Parks Mankahlana (*‘What the president said’*); and, a rebuttal on the wisdom of “intellectual dilly-dallying” – a summary of a speech given by HIV-positive judge Edwin Cameron (*‘What the judge said’*).

The second was an entertaining, tongue-in-cheek, humorous ‘diary’ of an orthodox ‘round earth’ member of the presidential panel published in September (08 – 14/09/00) entitled *‘All the president’s scientists: Diary of a round earther’*ⁱ. This piece, published anonymously, revealed insider information about the panel’s personalities and proceedings, and the manipulation and strategising that took place. This article was the subject of a complaint to the Press Ombudsman by the Forum for Debating Aids South Africa^j. In its 13-page complaint, the group accused the M&G of publishing an article which was “inaccurate in many respects” and “bore little resemblance to the proceedings of the two meetings of the Presidential Aids Advisory Panel”. Specific complaints included violations of the Code of Conduct of the Press Ombudsman of South Africa: breach of confidence, harmful inaccuracy, “going beyond mere opinion to sarcasm, ridicule and derision”,

ⁱ The title a reference to Woodward and Bernstein’s *All the President’s Men*.

^j A group which aims for reappraisal of the HIV-causes-AIDS hypothesis.

distortion, exaggeration and misrepresentation, lack of truthfulness and fairness, and not distinguishing clearly between fact and opinion. The Ombudsman sided with the *M&G*.

The third noteworthy spread was published in October (06 — 12/10/00). This can be regarded as the most unequivocal scientific challenge to the 'dissident' viewpoint that appeared in the South African press. '*None so blind as those who will not see*' included an electron micrograph of the HI virus leaving the surface of a T-cell, and '*Myths and disinformation about the virus*', in methodical, step-by-step fashion, took each 'dissident' argument and presented a retaliation. In a clearly marked 'Opinion' sidebar (possibly a reaction to the complaint process outlined above) the newspaper steadfastly restated its opinion:

"The *Mail & Guardian* believes there is overwhelming evidence that thousands of South Africans are dying who, statistically speaking, should not be. We believe these deaths are caused by Aids which is a result of infection by HIV." (Editor, *Mail & Guardian*, 2000c: 35)

Cape and Weekend Argus

As should be expected, this story featured strongly in columns in the *Cape* and *Weekend Argus*. HIV-positive columnist, Kevin Osborne^k commented on this story in more than one column. One of his headlines said it all: '*I am proof of what causes AIDS*' (03/10/00).

The story also featured strongly in other columns notably Maximum Headroom, a column by Max du Preez, (e.g. '*We can't kill AIDS, but we can kill poverty if we really want to*' [27/07/00], and '*What the ordinary man knows about the AIDS debate*' [21/09/00]); Political Editor, Adrian Hadland's, regular column (e.g. '*Mr Reasonable plays it pianissimo in a rare guest performance for House*' [21/09/00], '*Is our president really one sandwich short of a picnic?*' [06/10/00], and

^k

See Chapter One, p. 34.

'President's HIV conundrum has ministers on the hop' [15/09/00]).

The *Weekend Argus* also regularly featured commentary by University of the Western Cape Philosophy Lecturer, Anthony Holiday, who proved to be a ferocious opponent of this and other Presidential statements (e.g. *'Aids — not racism — is destroying the nation'* [24/06/00] and *'A luxury we cannot afford'* [22/07/00]).

As one would expect from a daily with heavy deadlines and limited space, the *Cape Argus*' approach to reporting this controversy was more news than feature based (37 news stories, 7 features in the sample) and more reactive than opinionated — obviously with the exceptions of the columns and major features discussed below. Daily coverage centred around incidents such as the panel meetings, the John Robbie interview¹ and the clashes of the politicians. Headlines reflected this focus on incidents, including: *'Raucous House sees battle to stalemate in great AIDS debate'* (11/10/00), *'Medical chief ducks Mbeki role in HIV row'* (05/10/00), and *'Leading dissidents join SA inquiry into HIV-AIDS connection'* (08/05/00).

However, like the *M&G*, *Argus* coverage was not without controversy. Most of the Independent Newspaper Group titles ran a government-placed advert (compiled by the Government's Communication Office) in September (15/09/00) that aimed to clarify statements published in an interview with Mbeki in *Time* (Hawthorne, Redman, 2000: 54 — 55). This advert was run for free "in the public interest" in the words of the company's chief operating officer, Tony Howard. In an article 'justifying' this move Howard also said:

"As an important media organisation Independent Newspapers regularly publishes material in its advertising space which the company's leadership considers to be in the public interest Independent Newspapers will have no hesitation in future in taking decisions that might contribute to winning the desperate battle against a pandemic that threatens the future of the country and the lives of millions of its people." (Staff reporter, *Cape Argus*, 2000a: 4).

¹

See p. 84.

This move by the publishers was met with strong dissatisfaction when the group's editors discovered the advert had been placed without charge. The entire 200-strong editorial staff of *The Star* sent management a statement disassociating themselves from the free advert and criticising their management's justification of the move. Editor of the *Sunday Independent*, John Battersby, also publicly apologised to his readers for publishing the advert saying that he had only learnt afterwards that it was placed for free:

“This newspaper wants to state categorically that it is against its policy to offer government — or any other body — free space when the content is of a contentious political nature.” (Streek, 2000: 5)

Speaking on SAFm^m on 22 October 2000, Battersby pointed out that because of the overwhelming importance of HIV/AIDS, most editors would willingly consider placing free or heavily subsidised awareness-raising advertising content, however, it was untenable to place such contentious material for free. He pointed out that had the government released this highly newsworthy statement at a press conference or in a press release it would have received extensive coverage anyway so the need for an advert was curious.

The South African Union of Journalists described this incident as undermining the notion of editorial independence:

“.... a rule which is designed precisely to shield media content from the tendency of managers to want to cosy up to powerful interest groups” (Staff reporter, *Cape Argus*, 2000b: 10)

The Independent Newspaper Group subsequently issued a statement reconfirming its policy of editorial control of content and management control of advertising rates, and reiterated that editors are entitled to refuse to run an advert based on content.

^m SAFm is the English language, actuality radio station of the South African Broadcasting Corporation, the public broadcaster.

The advert had more impact because of this controversy than its content which many thought was muddled and didn't clarify anything. A *Cape Times* editorial commented:

"The more the government tries to explain President Mbeki's understanding of the cause of Aids, the more confused both the public and the media become. And the longer the public remains confused, the greater the likelihood of South Africans contracting the disease and dying of it." (Editor, *Cape Times*, 2000: 10)

Generally, *Argus* editorials strove for balance and were not as outspoken as the *M&G*, however, they didn't shy away from commenting on the wisdom of the process, e.g. '*Still dithering over Aids*' (*Weekend Argus*, 01/04/00). The Letters page also proved a fertile ground for argument (e.g. '*Give Mbeki's Aids theory a chance*' [01/10/00] and '*Young people are getting false notions about HIV*' [*Cape Argus* 11/10/00]).

Again, a number of major features had impact. The first in April (24/04/00) played on the political divide between the National Party-dominated Western Capeⁿ and the rest of the country with an article by Western Cape Health Minister, Nick Koornhof, who stated:

"Resources are being wasted and years of health education set back by the 'frivolous' reopening of the debate on whether HIV causes AIDS" and "President Mbeki is strongly advised to stop this debate."
(Koornhof, 2000: 6).

(An article in similar vein appeared in *Die Burger*, 14/04/00.)

For balance, the spread also contained an article based on information supplied by 'dissident' lawyer Anthony Brink about the dangers of AZT and one encouraging further questioning ("This debate is not new. I'm just pleased that somebody with authority is at last asking questions." [Viall, 2000: 6]) by feature writer Jeanne Viall. (This article supplied the URLs of some of the 'questioning' web sites.) Writing in

ⁿ The Western Cape is the only one of nine provinces in South Africa under the rule of the National Party (and after the December 2000 Municipal elections the Democratic Alliance, a coalition of the Democratic and National Parties) as opposed to the majority African National Congress.

response to Viall's article, Fred Sanders (Editor of the *Continuing Medical Education Journal*) under the title '*Media adds fuel to fire of AIDS debate*' wrote:

"While applauding her openmindedness, I have to respond to the article by Jeanne Viall which serves only to sow more confusion in the HIV/AIDS debate The current whirlwind of semi-informed opinion which is fuelling the controversy is based on fallacious observations." (Sanders, 2000: 19)

In August, Martine Barker wrote a feature outlining the 'dissident' argument and examining in detail the poverty/immune-depletion theory. She looked at the original controversy between Luc Montagnier and Robert Gallo regarding the isolation of HIV^o, stating:

"Sixteen years later no one has yet provided scientific proof of the causal link between HIV and AIDS." (Barker, 2000: 14)

She also presented the dissident viewpoint on AZT:

"The manufacturers of AZT acknowledge that the drug is toxic and requires exact management and administration. It is extremely expensive and would consume vast amounts of the South African health budget if it was decided to give it to all pregnant women who tested HIV positive, even at a reduced price." (Barker, 2000: 14)

Her conclusion encapsulated the government's argument:

"As resources become more scarce these choices will be made in the context of the fact that while millions are spent on a syndrome that has not been adequately explained, thousands of people in Africa die each year of the consequences of poverty and hunger." (Barker, 2000: 14)

^o The isolation of the HI virus in the 1980s was controversial with both the laboratory of Luc Montagnier in France and that of Robert Gallo in the USA claiming to have discovered the virus at roughly the same time. Eventually it was resolved by crediting both men with isolation of the virus. Some of the dissidents claim that this wrangling hid the fact that the virus was never actually successfully isolated.

Responding to this article in October in a feature entitled: *'Why there is simply no doubt that it's HIV that causes AIDS'*, Lynn Morris wrote:

"Numerous carefully conducted studies have shown conclusively that the acquired immune deficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV) The only common denominator among these diverse groups of AIDS patients is that they were all infected with HIV. No other factors, such as viral infections, sexual behaviour patterns, distress levels, poverty or malnutrition link these groups or can predict who will develop AIDS." (Morris, 2000: 18)

She went on to describe the value of antiretroviral drugs in prolonging life and preventing mother-to-child transmission of HIV, and acknowledged the role of poverty as a confounding factor in hastening the onset of AIDS and death:

"While poor people are at greater risk of acquiring HIV infection and of developing disease more rapidly, they do not show selective destruction of CD4 T-cells because they are poor, but because they are infected with HIV That HIV causes AIDS is therefore not a debate at all. More is known about HIV than any other virus. It has been isolated and fully characterised, both at the genetic and biological levels." (Morris, 2000: 18)

Journalists as activists

This controversy highlighted the fact that some journalists choose not to remain impartial in their reporting and actually become 'activists' in their coverage of causes in which they believe.

Grimwood said:

"When journalists have certain political biases this impacts on their impartiality. If this is acknowledged then this is okay." (Grimwood, 2000 — interviewee)

An important aspect of this process was the emergence of a group of ‘dissident sympathetic’ journalists (both local and international) who surfaced to argue the dissident cause. These journalists played an important role in furthering the aims of the dissidents and in the panel process (they were on the outskirts and in negotiation with panellists). British freelancer Joan Shenton’s early interview with President Mbeki was a case in point — to the dissidents it represented a major breakthrough for their cause. To the other side, Mbeki should never have done the interview in the first place.

This issue of ‘dissident’ journalists provoked strong reactions from some interviewees such as Soal who said:

“The media has hyped up the Mbeki thing quite a bit As for Anita Allen, the freelancer whose stories and interventions played a major part in this shit, I believe she should be called before some sort of press tribunal.” (Soal, 2000 — interviewee)

Lynn Morris also tells a story of being ‘ambushed’ in her laboratory by an obviously pro-dissident journalist with a TV crew from M-Net’s actuality programme *Carte Blanche*^p who demanded that she show them the virus and identify poor-quality electron micrographs of various viruses (in an attempt to have an eminent scientist identify the wrong virus as HIV on film) until she lost her patience and evicted them. Morris complained to the show’s producer and the footage was never aired. However, the incident has been quoted in various public fora and debates by the journalist concerned as proof that even the virologists can’t produce substantial evidence or correctly identify the virus. Morris commented:

“It’s highly irresponsible to allow someone with an agenda and point of view that is at variance with scientific fact, to make such a programme.”

(Morris, 2000 — interviewee)

^p M-Net is a subscription TV station. *Carte Blanche* is an actuality programme broadcast on M-Net on Sunday evenings.

The issue of reporter bias also stimulated this response from the anonymous interviewee:

“People tend to read little, so even one completely biased article can do damage if that is the one a person reads. The biased representing of many issues in the dissidents dispute in some articles have led to these viewpoints actually gaining some credence in the public eye.” (Anonymous, 2000 — interviewee)

Government officials also publicly challenged the more outspoken journalists and launched personal attacks against them for their motivation and lack of knowledge. Charlene Smith was accused of “racist rage” in her reporting of the issue (*M&G* 14 — 21/07/00) and in the John Robbie radio interview Minister Tshabalala-Msimang used the definitely-to-be-avoided epithet “you people” when she insisted that Robbie and other journalists should be familiar with the government’s five-year plan.⁹

However, this is not one-sided. Taitz provided another angle:

“The dissident issue has highlighted the fact that those who report on orthodox views are activists in their own right. One also has to draw a line between activism and journalism. If there is one thing that watching the dissident issue unfold has taught me is that it’s important to try and maintain a critical distance to the work. The key to good journalism on this issue is the tracking of the major issues and reporting of shifts as they occur so that readers are not left out of the unfolding events and are given information to formulate or strengthen their own views. Nothing should be taken for granted.” (Taitz, 2000 — interviewee)

⁹ This radio interview deteriorated into a slanging match when the Minister refused to answer the question whether she believed HIV causes AIDS and took offence at Robbie’s use of her first name. Robbie eventually terminated the interview saying he was no longer prepared to “listen to such rubbish”. Under some pressure, he subsequently publically apologised for his rudeness.

Some conclusions

There is little question that this political débâcle became a public slanging match and has had some serious consequences for our response to the pandemic in South Africa and our global credibility.

As an unidentified participant stated at a session on *Media and responsibility* at the AIDS conference:

“Health and disease should never be used as political footballs.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

It is always easy to be critical with the luxury of hindsight. Ideally, South African journalists would have been given the time to do the needed investigations and to research the full facts around each phase of this story. As Randy Shilts emphasised:

“.... history is not served when reporters prize trepidation and propriety over the robust journalistic duty to tell the whole story.”
(Warren & Paddock, 1994: 2)

However, in reality most were probably working on strict deadlines and unable to give the story the attention it needed. They probably also weren't able, particularly in the early stages, to predict how scrappy and complex the situation would become, or how vital their role was in curtailing the crisis.

It is easy now to point out occasions when journalists added to the crisis and to stress how early and clear scientific reporting, which might have kept the focus on the scientific debate as opposed to pandering to the politicisation of the issues, might have assisted in ending the controversy earlier, however, it is hard to understand the kind of pressures reporters may have been under to simply get the story and report it on deadline. Challenor stressed how hard it would be to please everyone:

“There are too many sides to the controversies and incidents so someone is

bound to be critical of what the print media does or does not do.”

(Challenor, 2000 — interviewee)

It also seems likely that it would have been impossible to please all the stakeholders all the time. Orthodox scientists, in particular, would have preferred if the issue had never been covered in the media at all which was obviously never an option — the news value was simply too high.

However, it is important that South African journalists broaden their knowledge of all the facts, debates and theories surrounding HIV/AIDS so that they can explain them to the public and help to eradicate myth. In a cyber-training session on HIV/AIDS reporting Dominic Garcia of the AIDS Society of the Philippines said that to be effective in the battle against HIV/AIDS the media must provide:

“well-researched, accurate information about the disease lest they provoke panic or encourage myths that cannot be easily rectified.”

(Arzacon de la Cruz, 2000: 2)

And Wallack, *et al.* write:

“The mass media’s ability to set the public agenda and amplify and lend legitimacy to the voices and views of our nation’s political debates render them essential participants in social change of any kind.” (Wallack, *et al.*, 1993: 2)

With the dominance of politics, politicians and a few high-profile scientists, the ordinary people (HIV-positive and negative) were largely ignored in this controversy —both in terms of their need for clarifying information and the need to investigate the impact of this debate on their lives. The definition of AIDS became almost entirely political for a long period and the human suffering behind the game playing was forgotten by all concerned. Definitions are important as Pulitzer Prize-winning journalist Mark Schoofs^r said at the AIDS conference:

“The way we define a problem defines the solution. If AIDS is seen as a punishment from God the solution must involve punishment. If AIDS is seen

^r

See Chapter Three.

as merely a virus — then we are overlooking poverty as a factor. But if AIDS is seen as not a virus at all we are encouraging unsafe behaviour and discouraging the use of medication The media defines AIDS and has the power to worsen the epidemic.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 — 14 July 2000)

The definition that emerged from this debate (reflected in the media) is one of confusion, lack of knowledge, disagreement among society’s leaders and large-scale denial.

We have to perhaps accept that AIDS tends to make good headlines but that real, informed analysis is complicated but sorely needed.

As Camus wrote in *The Plague* (1948):

“All I maintain is that on this earth there are pestilences and there are victims, and it’s up to us, as far as possible, not to join forces with the pestilences.”
(Wallack, *et al.*, 1993: 208)

CHAPTER THREE

What is a good HIV/AIDS story? An analysis of the Pulitzer Prize-winning series on AIDS in Africa by Mark Schoofs

Speaking at the AIDS conference, American journalist Mark Schoofs said:

“Journalists must give AIDS a face and make readers understand why people with HIV/AIDS matter, but they must also point out the larger social, economic and cultural forces that fan the epidemic.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

What makes an outstanding AIDS story? What magic ingredients keep us reading even though the issue has been around for nearly 20 years? What gives a story impact beyond its limited lifespan on a newspaper page? How do journalists keep reader interest, while giving all the facts, telling a compelling story, and keeping in touch with the human tragedy? How do you write Pulitzer prize-winning journalism on HIV/AIDS?

Mark Schoofs won the 2000 Pulitzer prize for International Reporting for his eight-part series entitled *AIDS: The Agony of Africa* published in the *Village Voice*. Based on hundreds of interviews conducted in nine countries over a six-month period, "the series covers the social, biological, and human ramifications of HIV: the deadly consequences of denial, the heroic responses of some African communities, the origin and future of HIV, the corrosive effects of racism and colonialism, the role of women in the spread and prevention of HIV, the grim options for treatment, and the hope for a vaccine". (Series introduction)

Schoofs addresses many aspects of HIV/AIDS from orphans and child-headed households; personal responses to death; the legacy of colonialism and oppression;

economic and social factors; dealing with denial, stigma and discrimination; poverty and socio-economic problems; traditional responses; home-based care; community mobilisation; the origins of the epidemic in Africa; the scientific challenge of the emergence of super-resistant viral strains; the secondary role of women in African societies; challenges to cultural traditions; commercial sex work; vaccine development; social mobilisation and activism; and, finding low-cost, culturally acceptable solutions for Africa.

Editorial commitment

Probably the first comment to make regards the commitment of resources by the *Village Voice* to allow the series to be researched and written. South African dailies would be unlikely to commit already overextended full-time journalists to such a demanding, long-term endeavour despite recognising the importance of the topic. Weeklies like the *Mail & Guardian*, *Sunday Times* and *Sunday Independent* would be more likely to have access to feature writers (full-time or freelance) to tackle this kind of series but it is unlikely that their budgets would afford the time commitment and travel expenses involved. Also, with the exception perhaps of the *Mail & Guardian*, not many local papers could commit the space Schoof's series demanded. The eight parts totalled 28 931 words — on average 3616 words per article - a significant amount of copy by South African feature writing standards.

Schoofs is on record as saying he would not have been given the opportunity to do the series (and win the award) if he hadn't worked for the *Village Voice* — which aims for in-depth, alternative, community-interest orientated and socially responsible (sometimes advocacy) journalism. He also said:

“No story I've ever written or proposed about AIDS has ever been turned down.” (*And the media band plays on* session, XIIIth International AIDS Conference, 9 — 14 July 2000)

It is almost inevitable that this series would emerge from an American or European journalist and publication. Very few or no African or developing countries have newspapers (or other media) with the resources to fund a feature series which takes six months to research and write, and involves extensive travel encompassing South Africa, Zimbabwe, Uganda, Kenya, Gabon and Nigeria. It is sobering to realise that few African journalists would have been afforded the opportunity to do this series even though they live in the epicentre of the epidemic and are criticised for not producing detailed features. Financial constraints seem to determine the standard of writing to which newspapers can commit themselves. That said, it is useful to look at what can be achieved in HIV/AIDS reporting.

Overall impressions

Each part of the series is a self-contained story with a strong (sometimes medical/scientific, sometimes socio-economic, often political) message, yet there is a comprehensive logical flow between the parts and the series encompasses nearly all aspects of the full HIV/AIDS story — some superficially, others in depth. Obviously this is the luxury of a series. Not every feature article written by any one journalist can possibly contain all facets of this complex story.

Schoofs' series captures the major scientific and political debates by moving from personal experience and 'the wisdom of ordinary people' to national and international lessons and observations. He draws readers in by using the emotional impact of individuals and their stories, and moves smoothly from the intensely personal to the global and political.

Using evocative, simple (and sensitive) language but intense observation leading to richly detailed descriptions of people, settings, events and emotions, Schoofs creates vivid pictures allowing readers to see, smell, taste and hear the settings, events and personalities. For example:

“Wilson was the hardest. He had been such a charmer, a flirt even, but then

AIDS dulled his sparkle and confined him to his bed. That's when Sibongile Ndlovu increased her visits to every day, bringing him food and caring for his bedsores, which had bloomed into an affliction worthy of Job. 'The whole skin on his side was coming off,' she says, and it filled his hut with the smell of sickness. She convinced the clinic to give her medicine, and she rubbed the ointment on his raw bedsores every day for the two months until he died."
(Part 3: Africa responds)

It is engaged, proactive coverage — getting to grips with daily realities of communities and individuals. The impression is that Schoofs left his desk (and telephone) and 'lived' with his subjects to gain insight and understanding.

Undoubtedly, the 'how' Schoofs reports the stories is important, as Kevin Osborne writes:

"Crisp words and touching stories have their place but alone they will not address the complex issues faced by many people living with HIV/AIDS."
(Osborne, 2000a: 5)

Schoof's series incorporates human interest stories but not simplistic ones. Individual experiences are extrapolated to wider truths and, occasionally, recommendations. Most facts are backed by personal testimony. For example, the reader isn't simply told that women are vulnerable to infection because of traditional sexual practices (which they've probably read in dozens of articles) instead they are given detailed experiential information in the subject's words about what a particular practice involves and how she feels about it (in Part 5: Death and second sex).

At the AIDS conference, Schoofs said:

"There are two kinds of stories — the first are the news stories that you write on deadline and under pressure. In an epidemic you have to keep coming up with fresh ways to grab readers. People don't read newspapers like a novel. You have to grab them and pull them in so that the main point can be made.

The other kind of story is the in-depth, big story which may take weeks or months of investigation. They are often people stories requiring time to allow the subject to get to know you so that they will tell intimate details. The people stories — the heart-and-soul ones — are usually the ones readers remember. They need to build on the news stories. You use a story to emphasise the deeper, wider political and economic issues.” (*And the media band plays on* session, XIIIth International AIDS Conference, 9 — 14 July 2000)

Schoofs stressed the need to develop trust so that subjects feel safe to impart intensely private details and their often-harrowing stories to a journalist. This type of hands-on, slow and painstaking journalism requires patience and time but, as in this case, the excellent results are obvious.

The eight parts are analysed in terms of achievement of some of the potential goals of HIV/AIDS journalism outlined in the Introduction as well as some additional ones, namely, information dissemination; defining the problem; agenda setting; sketching the context; holding the powerful accountable; providing a voice for the voiceless; incorporating alternative voices; accentuating the positive; and, explaining the science in accessible/lay terms.

The analysis keeps in mind the words of Gbemi Egunjobi of Nigeria, a participant in a cyber-training workshop^a on HIV/AIDS reporting, who wrote:

“Journalists have a social, as well as a professional responsibility to report HIV/AIDS, because the journalist, as a catalyst of social change and a purveyor of new ideas, is placed at a vantage point by his profession to be the vanguard of the fight against HIV/AIDS. That’s what’s in it for them.”

(Egunjobi, 2000: 1)

^a This workshop also published a set of practical guidelines on HIV/AIDS reporting which were the outcome of a seminar on Women and HIV/AIDS held during the AIDS conference in July. These are included in Appendix H.

Information dissemination

Schoofs displays outstanding overall knowledge of most aspects of the topic. He is able to advance knowledge rather than rehashing old arguments or endless quotes from official sources. His words move the debates forward and are a useful body of information in their own right.

Taitz said the following regarding AIDS stories:

“I think it’s important to consciously acknowledge that the story will be shaping someone’s view and therefore information should be used responsibly. Newsworthiness, telling people something they didn’t know or challenging commonly held belief is also the mark of a good story.” (Taitz, 2000 — interviewee)

The series is full of information — science, socio-economic and cultural, statistical, medical and political. This may not make it different from other HIV/AIDS journalism. What makes it special is the type of information — practical, honest, open — information which people can relate to and use to make a difference to their lives. Schoofs doesn’t avoid going into explicit, sometimes uncomfortable, descriptions if it makes people understand issues more completely. There are countless examples of this comprehensiveness like the following passage:

“It’s not surprising than men like dry sex — the swollen tissues make the vagina smaller and, therefore, make the man feel bigger. Also, some men (and women) find vaginal secretions repugnant, while others don’t like the sound of wet sex. And to many men, a vagina that is too wet and loose can signify infidelity.”
(Part 5: Death and the second sex)

Defining the problem

Schoofs writes:

“The sick and the dead are forcing South Africans to confront the disease,

themselves and their brutal history.” (Part 7: South Africa acts up)

He also said at the AIDS conference:

“We can harm or we can help. We can create a distorted picture or we can define AIDS accurately.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

Media representations are powerful in influencing shared beliefs about HIV/AIDS. Weeks describes the power of media representations in determining response as follows:

“What makes disease culturally and historically important, however, is the way in which meanings are attached to illness and death, meanings and interpretations which are refracted through a host of differing, and often conflicting and contradictory social possibilities.” (Weeks, 1989: 1)

By situating HIV/AIDS in its full context, including cultural traditions, socio-economic backdrop, political scenarios, economic constraints, “the corrosive effects of racism and colonialism”, and the pervasiveness of poverty and other infectious diseases in Africa, Schoofs defines AIDS as a syndrome caused by a virus but enhanced and spread by co-factors endemic to African life:

“Epidemics are never merely biological. Even as HIV changes African society, it spreads by exploiting current cultural and economic conditions.” (Part 1: The virus creates a generation of orphans)

However, he also defines AIDS in terms of its potential to change existing ideas and practices:

“... the epidemic’s largest social transformation may well be in the relations between men and women. Women could emerge from the epidemic with more power, and there is a strong push to make that happen.” (Part 5: Death and the second sex)

Agenda setting

As stated in Chapter Two, policy makers and other influential people are more likely to respond to issues as their prominence in the media increases. The series is a plea to governments, international organisations, funders and individuals (particularly in the privileged world) to firmly and irrevocably put and keep HIV/AIDS in Africa on their social and political agendas but to do so with complete understanding of its complexities:

“I remember in one of the villages an old man asked a very simple question. ‘My children,’ he said, ‘don’t you think you are trying to solve the problem from the wrong end?’” — quote by Ehadj Sy of the United Nations AIDS Program regarding the need for food and not just medicine in fighting AIDS in Africa. (Part 8: Use what you have)

As Cooke emphasises:

“Instead of the lowest common denominator approach that homogenizes the news and makes it apply to everybody and nobody, the media should start recognizing the diversity of its audience and the variety of its interests with a plethora of topics, storylines, sources and conclusions.”

(Cooke, 1997: 225)

Schoofs provides enough different scenarios and personalities to generalise AIDS issues to the most sceptical of agendas.

Sketching the context

In Part 1 Schoofs describes a scene in a morgue where the mortician decides how to squeeze corpses into limited space:

“He can stack the bodies on top of one another, which squishes the face and makes it hard for relatives to identify the body.” (Part 1: The virus creates a generation of orphans)

Detailed word pictures, horrifying, repugnant details which bring the reality of death home — the reader can see and feel appalled by the image. It is the type of information many would overlook yet it hits the reader forcefully and makes the numbers that follow more meaningful. The dry statistics are strengthened by this graphic depiction of the lack of dignity of an AIDS death in Africa, and the contrast with the developed world where antiretroviral drugs are available is enforced. Schoofs outlines the negatives — the cofactors of poverty, socio-economic inequalities, extensive denial, the existence of other infectious diseases such as TB and other sexually transmitted diseases, and lack of political commitment, but also mentions some positives — enforcing the idea that people can do something but tempering this optimism with gruelling realism. Like these images of day-to-day life in a child-headed household:

“Their one-room shack is strewn with dirty clothes, unwashed dishes, broken chairs. On the table, a rolling mass of ants feasts on pumpkin seeds and some kind of dried leaves.” (Part 1: The virus creates a generation of orphans)

Similarly in Part 2 Schoofs paints a word picture of the drastic socio-economic conditions in a typical African city:

“Running water? Even wealthy Lagosians often lack it; they pay for trucks to fill up large tanks. Doctors wash their hands with water from buckets. Calling the police is virtually impossible, because even if your phone is working the one in the police station probably isn’t.” (From Part 2: A tale of two brothers)

The imagery of poverty throughout is particularly vivid, such as this passage from Part 3:

“At one funeral, near the start of Zimbabwe’s winter, the grieving family was so destitute that, after lowering the body into the grave, they started removing the blanket from the corpse so that their children wouldn’t go cold.” (Part 3: Africa responds)

While the unique challenge of the African context is stressed:

“In the U.S. you have all these volunteers, but they’re never worrying about

putting food on the table,” says Noerine Kaleeba.” (From Part 3: Africa responds)

All of which succeeds in aiming for what Grimwood describes as:

“Telling it as it is without using cheap emotional clichés.” (Grimwood, 2000 — interviewee)

Through deceptively simple stories Schoofs underlines the multifaceted nature of the topic, the vast amount of knowledge already available and the lack of commitment to turn that knowledge into solutions. He provides a straightforward account outlining the issues, suggesting solutions but not underestimating the realities. The statistics and scientific facts are presented through human experience with a human face. Human interest is presented without unnecessary sensationalism.

In answer to the question ‘What makes a good AIDS story?’, Matchaba responded:

“Honesty, simplicity and one that provides solutions to the problems. It must also always have a human face. All these statistics, projection models, etc. are now a bore!” (Matchaba, 2000 — interviewee)

The anonymous interviewee stressed that the most important aspect is sticking to the facts, and then adding human interest without sensationalism or melodrama (Anonymous, 2000 — interviewee).

Holding the powerful accountable

In describing what elements make an outstanding HIV/AIDS story, Usdin said:

“Key features would be responsible, accurate, compelling stories that contextualise the problem in its broader socio-economic context, that hold government to account for promises made, connect people to help and ways to

help or make a difference (i.e mobilisation/call to action stories).”

(Usdin, 2000 — interviewee)

By comparing AIDS death statistics with those of slavery and wars in Part 1, Schoofs plays on the reader’s emotions and hammers home the need for tangible action by those with power. The message is clear — slavery is unacceptable in our civilised world and if people were dying around us in war to the same extent as they are dying of AIDS we would all accept without challenge the moral imperative for urgent action. And it is strongly worded:

“the annual cost of putting every African with HIV on triple combination therapy would exceed \$150 billion, so the world is letting a leading infectious killer for which treatment exists mow down millions.” (Part 1: The virus creates a generation of orphans)

A voice for the voiceless

Cooke writes:

“If journalists are to play a virtuous part in the fight against the HIV epidemic, they will have to go beyond the elite sources upon whom they customarily rely and reflect a diversity of voices.” (Cooke, 1997: 233)

Morris appealed for journalists to add the “people’s voice” to the story (Morris, 2000 — interviewee). Grimwood stressed this as a duty:

“The pandemic in South Africa is of such a magnitude that journalists/editors have to take responsibility on behalf of the community, to be their spokesperson/s ‘the voice of the voiceless’.” (Grimwood, 2000 — interviewee)

This is a feature throughout the series, as this example indicates:

“They didn’t call Arthur Chinaka out of the classroom. The principal and Arthur’s uncle Simon waited until the day’s exams were done before breaking

the news: Arthur's father, his body wracked with pneumonia, had finally died of AIDS." (Part 1: The virus creates a generation of orphans)

With these enticing opening lines, Schoofs draws the reader into the day-to-day realities of life and death in Africa in the era of AIDS. Arthur is no celebrity, he's an ordinary child affected by the AIDS tragedy. Within a few lines we are given information to paint an orphan's story — we know that Arthur is a schoolchild and that his education will have to sustain his family after his father's death. We are also given insight into the awful usualness of this story — death no longer disrupts daily activities in Africa.

Interviewees also stressed the need to include the voice of PWAs. Journalist Judith Soal stressed that the ideal is to combine a hard news story with the perspective of someone infected or affected. However, she admitted that it is sometimes difficult:

"You need to know what's coming up in the news and have some 'real people' lined up — not very easy!" (Soal, 2000 — interviewee)

Including PWAs is a sensitive issue because, due to stigma, there are still only a small group of South Africans who are open about their status. This means that to some extent they become 'abused' by the media — whenever a journalist needs a comment from a PWA they approach the same people, often asking the same questions. PWAs have chastised the media for their insensitivity in dealing with PWAs (for example, asking the question 'How did you get the disease?' which is often experienced as implying it is their fault). HIV-positive counsellor, Florence Ngobeni, said:

"It means a lot to a person with AIDS (PWA) to be understood, respected and given space to be human again Media keeps asking me the same questions and I feel stuck in a rut, unable to move on Media just takes without offering anything in return Help us open new doors so that we can be part of society again instead of just being outcasts PWAs would like to be

remembered as persons, not just disposable sources of information.” (Arzacon de la Cruz, 2000: 1)

Osborne addresses this aspect forcefully:

“For far too long has the role of people with AIDS been sidelined to one of storyteller. Of being the face of the epidemic. Of being just another statistic.” (Osborne, 2000a: 5)

Clearly, the media should be allowing PWAs not merely to tell their stories but also to address issues important to their survival. Because of the vast numbers of infected people in Africa, PWA stories must be told in innovative, non-sensational ways for their educational value to convey information that people need.

Typically, people with AIDS are allowed by the press to tell their stories but are rarely seen as experts. Cooke remarks that PWAs:

“... are allowed more to discuss their emotional state or their symptoms but rarely to offer commentary as informed experts about the epidemic, though nowadays they surely are that.” (Cooke, 1997: 227)

Schoofs, where possible, tries to let PWAs speak as experts in their own right, for example, this quote from South African PWA, Mercy Makhalemele:

“How do we, as people already infected, fit into the government’s program? We don’t fit in any way because it’s all about prevention.” (Part 7: South Africa acts up)

Of course, there is also a risk in using specific PWA ‘voices’ and a human interest approach that instead of being inclusionary actually excludes because the chosen individuals are not seen as representative of the population and of the macro political and scientific problems. Again, with the luxury of an 8-part series, Schoofs was able to include different voices from diverse cultures. One assumes that somewhere in the series there is someone with whom most readers can identify.

At the AIDS conference Schoofs stated that he always gives his subjects the opportunity to choose the level of disclosure with which they are comfortable. He prefers to identify people to enhance credibility and assist in creating a climate of social acceptance for PWAs, however, he allows anonymity when requested because health is a private issue and, with AIDS, disclosure can be dangerous (he referred here to the killing of activist Gugu Dlamini^b). However, he stressed that he always knows his subject's real name and attempts to verify their account with others.

Media ethics specialist Bob Steele of the Poynter Institute puts this journalistic responsibility boldly:

“Reporting on AIDS requires storytelling excellence and it requires journalists to ‘care’ deeply about the subjects of their stories Journalists have a duty to care about the quality of their work and about the impact and consequences it can have. And, very importantly, journalists have a duty to care about the people who are the sources and subjects of their stories.” (Steele, 1998: 1)

As journalism is an institution that ethically mirrors society, the important question is whether Schoofs succeeds in reporting individuals' stories in a manner that advances our understanding rather than reinforcing stereotypes.

For example, in looking at the role of prostitutes Schoofs emphasises the positive:

“Prostitutes have been the scapegoats for AIDS in Africa But, in the richest of ironies, Joyce and other prostitutes have provided researchers with valuable clues to the intricate workings of the immune system, and especially how it might be able to fend off the virus.” (Part 6: Ending the epidemic)

And underlines the problems of finger pointing:

“Just a week ago, one of Mary's johns — who pay as little as 75 cents for sex —

^b

See footnote p. 9.

slapped her in the face when she asked him to use a condom.”

(Part 5: Death and the second sex)

And instead of focusing on negatives he deliberately seeks positives:

“Ndlovu is not a nurse or health-care professional of any kind. She is a peasant farmer Three days a week — more if one of her patients is severely ill — she stops by the homes of the sick, washing their bedclothes, fetching water, tilling the little plots of land on which these villagers all survive, even parting with some of her meagre income to purchase things her patients need.”

(Part 3: Africa responds)

There is an urgent, ongoing need to tell stories about people with whom readers can identify. Stories that show the subjects as real people, convey empathy and the truth that infection could happen to anyone.

Incorporating alternative voices

Through the story of Nigerian pop star Fela Anikulapo-Kuti and his brother Professor Olikoye Ransome-Kuti (the country's health minister who initiated the HIV/AIDS programme), Schoofs tackles personal and national denial, and the impact of high-profile PWAs in changing behaviour:

“Fela carried the potential to do for AIDS in Nigeria what Rock Hudson, Magic Johnson and Arthur Ashe accomplished in America.” (Part 2: A tale of two brothers)

Schoofs dramatically contrasts the "face-the-facts pragmatism" of one brother with the "denial that is rooted in anti-white, pan-African ideology" of the other. It is a vivid story of street life, fame, prostitution, drugs, and the loneliness of death:

“By the time Fela allowed himself to be taken to a hospital, he was so far gone he never heard the test results confirming he was infected with HIV. A few

days later, deep in a coma, he choked on his own vomit and died.”

(Part 2: A tale of two brothers)

By liberally sprinkling Fela’s lyrics and pidgin English sayings into the text, Schoofs captures the essence of his character and his alternative lifestyle. It is in-your-face, unrelenting use of language that is honest and unafraid:

“Every day my people dey inside bus, 49 sitting 99 standing, dem go pack themselves in like sardines, dem dey faint.” (Part 2: A tale of two brothers)

The use of descriptive verbs ("hawk petty merchandise") pushes the story forward rapidly, stressing the urgency of the topic. But, while presenting a personal family story, Schoofs includes the economic realities that create street children and prostitutes, the extreme poverty in which most Nigerians live, economic exploitation by international conglomerates, and large-scale government corruption and plundering by military dictatorships.

Ultimately it is the complicated issue of denial that hits home. Despite his brother’s nationwide announcement of the cause of Fela’s death, denial predominates. The final words are those of a 21-year old who, when asked if he knows anyone with the disease:

“I don’t know anyone,” he replies, “unless you count Fela. And I don’t believe Fela died of AIDS.” (Part 2: A tale of two brothers)

The incorporation of community voices or people who can influence community attitudes and action is recognised as essential to further community mobilisation, education and advocacy to stem progression of the epidemic. Viewing the epidemic from different angles and perspectives fosters inclusiveness and involvement from all sectors, especially those regarded as out of the mainstream.

Accentuating the positive

Challenor had this to say about the type of AIDS story he likes to read:

“I am interested mostly in an individual’s response to their plight and feel greatly encouraged if I read of people being positive in the face of adversity. I like reading of people who do not display defeat.”

(Challenor, 2000 — interviewee)

The role of community-based initiatives in Zimbabwe is investigated in Part 3. The article highlights the misery of ordinary people alongside the heroism of those fighting back with limited resources. The sacrifice of people trying to make a difference is spelt out:

“To mobilize his community, Isaiah Ndlovu must rise at 3:45 a.m. and trudge 45 minutes in the dark to catch the only bus.” (Part 3: Africa responds)

The article contrasts government inaction with the vigorous responses of locals responding to the crisis they live with every day. But these efforts are tempered with reality:

“With the disease mowing down so many people, and with poverty making volunteering so burdensome, it remains to be seen whether such homespun efforts can endure for the decades that may well pass before an AIDS vaccine is developed.” (Part 3: Africa responds)

In Part 7 Schoofs focuses on activism in South Africa and how it has enhanced the profile of AIDS:

“Already the groundswell is apparent. People with HIV are more and more visible.” (Part 7: South Africa acts up)

Explaining the science in accessible/lay terms

It is generally accepted that journalists must provide scientific information that is precise and clear, coherent and factually accurate, and which corrects misconceptions, dispels myths and offers sound advice and reassurance.

Speaking at the AIDS conference, Schoofs said:

“We need to weave the science of AIDS into our story. In 1985 I did an article on why we didn’t have an AIDS vaccine. I read scores of scientific articles to understand the issue. The science defined the issue and strengthened the story.”
(*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

This need for accessible, but in-depth, information becomes increasingly important as the science becomes more complex, as Cooke writes:

“... scientific inquiries become more technical and abstruse, policies become increasingly dependent on questions of technology, and audiences need information that can be readily understood in their own terms.”
(Cooke, 1997: 225)

In Part 4, the most scientifically complex article in the series, Schoofs traces the potential route of the virus from animals to humans, development of new viral strains, as well as dissecting misconceptions and misunderstandings. The complications are explained in simple, understandable language backed with personal impressions from various sources.

An example is this explanation of the differences between strains and clades:

“A ‘strain’ generally indicates a small variation in the genetic code of viruses — an HIV-positive person usually has several strains in his or her body — but a subtype or clade is genetically much different. Scientists have identified 11 subtypes in the main group of HIV-1 and six subtypes of HIV-2.”
(Part 4: The virus, past and future)

And this passage on the virus:

“HIV is an amazing protean, averaging one alteration of its genetic code every time it infects a new cell, which it does millions of times each day in each patient. The math is dizzying. With tens of millions of people infected globally, HIV is probably changing every letter in its genetic code many times every day.” (Part 4: The virus, past and future)

Similarly in Part 6 Schoofs provides an easy-to-understand explanation of vaccines which builds on readers’ potential existing knowledge and experience of having been vaccinated for other diseases:

“Vaccines do not fight off infection; instead, they teach the immune system to recognize and attack the microbe. The world’s first vaccine, for smallpox, was the cowpox virus, which causes only mild symptoms in people but primes the immune system for smallpox. Salk’s polio vaccine was simply a killed polio virus. Technology has advanced, but the principle remains the same as when the ancient Chinese used to blow pulverised smallpox scabs through a bone into people’s noses: Train the immune system with a dummy virus.” (Part 6: Ending the epidemic)

The infection process is thoroughly explained:

“What typically happens is this: The surface of certain cells in the body are studded with two molecules, named CD4 and CCR5. If the virus chances upon such a cell and binds to these molecules, then, like a burglar picking a lock, HIV gains entry, commandeers the cell’s DNA, and forces it to churn out as many as 10,000 new viruses. These are ejected from the cell to float in the body, waiting to enter new cells. Within 48 hours, swarms of viruses have advanced from the site of infection into the lymph nodes, where HIV favorite immune-system cells abound. In as little as three days, the virus has infiltrated certain long-lived cells where it can hide out during years of ferocious medical assault and still emerge to rekindle the infection A single milliliter of blood — a mere droplet — can be teeming with as many as 95 million viruses.” (Part 6: Ending the epidemic)

The war imagery is predictable in a science story but it is vivid, easy to comprehend, and not too dry and factual to alienate the lay reader.

Schoofs said:

“A journalist’s body of work must include three aspects - the perspective of people living with HIV/AIDS, the social forces that shape the epidemic and the science of HIV/AIDS.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

Sensitive language use

Over many years PWAs and others working in HIV/AIDS have commented on the need for ‘sensitive’ language in HIV/AIDS journalism. Most PWAs don’t see themselves as victims and prefer not to be referred to as such. Speaking at the AIDS conference, HIV-positive columnist, Lucky Mazibuko, said that journalists provide the frames of reference for the debate, even if only by using particular words, for instance, “before referring to someone as an AIDS ‘victim’ or ‘sufferer’, have you checked they actually perceive themselves as such?” (Shabalala & Howse, 2000: 12)

Wallack, *et al.* analyse this further:

“AIDS victim, a term that suggests powerlessness and is defined by the disease, versus person with AIDS. The latter term puts the person first; he or she is not defined by the problem.” (Wallack, *et al.* 1993: 45)

Crewe pointed out that such ‘insensitive’ language exists because:

“Many journalists have not bothered to find out why the language is offensive/insensitive or what might be better. Often the story line and the subject reinforce prejudice as well.” (Crewe, 2000 – interviewee)

Issues like the confusion between HIV and AIDS, a feature of early reporting, and the spelling of AIDS are cited as examples of insensitivity. 'AIDS' is often spelt 'Aids' - the upper case emphasises that it is an acronym for Acquired Immune Deficiency Syndrome and stresses that it is a syndrome — not one, but a collection of diseases.^c

Schoofs pays attention to these details that make a difference to creating a more acceptable environment for people with AIDS. He does not diminish people's will to fight back by painting them as helpless victims or using undermining language yet at the same time he does not fall into the trap of using such politically correct language that it becomes euphemistic.

Conclusion

When asked what elements make a good HIV/AIDS story, Stein replied:

“Showing that HIV is about human suffering, that it can be dealt with constructively and how, explaining issues that are causing confusion, and untangling the issues and moving ‘the debate’ forward.” (Stein, 2000 — interviewee)

Schoofs' series conveys factual accuracy and independent authenticity. It paints deeply personal portraits yet uses these to fan out to generalisations and wider issues. It is not simply a dry, factual account of disease, science and politics but rather stories about human beings, relationships, cultures, social conditions and realities.

^c In this work (including the quotes and tables) the spelling is kept as it appeared in the publications to give an idea of the trend towards the use of 'Aids' as opposed to 'AIDS'.

When asked what elements make an outstanding HIV/AIDS story, Parker responded succinctly:

“Factual accuracy, depth of understanding of the issues, constructive analysis and avoiding populist perceptions.” (Parker, 2000 — interviewee)

And, Lucky Mazibuko, speaking at the AIDS conference, said:

“Journalists are the eye and ear of the societies. They should learn more about HIV/AIDS and stop reporting on the issue from a distance.” (Shabalala & Howse J, 2000: 12)

Special sources

Schoofs M, AIDS: *The agony of Africa*

Part 1: The virus creates a generation of orphans [<http://www.villagevoice.com/issues/9944/schoofs.shtml>]

Part 2: A tale of two brothers [<http://www.villagevoice.com/issues/9945/schoofs.shtml>]

Part 3: Africa responds [<http://www.villagevoice.com/issues/9946/schoofs.shtml>]

Part 4: The virus, past and future [<http://www.villagevoice.com/issues/9947/schoofs.shtml>]

Part 5: Death and the second sex [<http://www.villagevoice.com/issues/9948/schoofs.shtml>]

Part 6: Ending the epidemic [<http://www.villagevoice.com/issues/9950/schoofs.shtml>]

Part 7: South Africa acts up [<http://www.villagevoice.com/issues/9951/schoofs.shtml>]

Part 8: Use what you have [<http://www.villagevoice.com/issues/9952/schoofs.shtml>]

CONCLUSION

An unidentified speaker at the XIIIth International AIDS conference said:

“We have to ensure that poor reporting does not characterise what we do as a profession.” (*And the media band plays on* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

In the Introduction some potential roles that journalists can play in reporting on this epidemic were outlined. In Chapter Three an in-depth analysis was given of a successful example of HIV/AIDS journalism. While in Chapters One and Two, through examples and case studies, some idea was attained of what South African journalists are currently doing in reporting on HIV/AIDS. This Conclusion will pull together the major ideas expressed in this work, add in additional ones from the literature and interviewees, look at some ideals, and offer practical advice on bridging the gap between current practice and an improved version of newspaper coverage of HIV/AIDS. Some of the pressures which constrain journalists are outlined as well as a future challenge awaiting journalists in South Africa.

What the media should be doing

Role of media in this epidemic

The 1988 London Declaration made by the World Summit of Ministers of Health stated:

“In the absence at present of a vaccine or cure for AIDS, the single most important component of national AIDS programmes is information and education.” (WHO, 1988: xvi)

Unfortunately, in terms of a vaccine or cure this situation has not changed in the intervening twelve years which means we need to continue to educate for prevention through all means possible. The media exists to provide information, education and entertainment — all three can be mobilised against this epidemic.

Altschull writes:

“In the world of journalism, the general conviction is that newspapers (and radio and television) are forms of education, indeed speaking both *for* the underprivileged members of society and *to* them as their primary source of knowledge and empowerment.” (Altschull, 1990: 124)

Traditionally in medicine as scientific studies recorded the results of public health research in medical journals, reaching the public directly was, mostly, left to the press and others who translated scientific material for the lay person. In the era of AIDS, the emergence of new infectious organisms, microbial resistance to therapeutic drugs, human rights and ethical complications and the need for emphasis on prevention, have expanded the role of communication as an important component of public health practice. To be effective in the battle against HIV/AIDS the media must play a role in providing well-researched, accurate information. However, Cooke believes this role must be expanded further:

“The challenge of AIDS coverage is to provide a representative understanding of the disease and its possible implications for medicine, science, education, politics and society to an audience (both among elites and in the public) that has many other competing activities besides attending to news but must be involved in the crucial policy decisions about AIDS that face us.”

(Cooke, 1997: 224)

Scientist Lynn Morris said:

“Journalists and editors are in an extremely powerful position in that people often do believe what they read in the papers. There has been abuse of their position and power on HIV/AIDS issues In the interests of good reporting on HIV/AIDS in the future we need responsible journalists who should develop good relationships with key people in science.” (Morris, 2000 — interviewee)

Crewe emphasised the educational and accountability role of newspapers:

“Educative — keeping politicians accountable and also keeping the activists

accountable and keeping us all up to date with new ideas, information and different angles.” (Crewe, 2000 — interviewee)

Stein feels though that education is not the overwhelming function of journalists — rather one of many:

“This is not to say that education and journalism are the same thing. Journalists should not be made responsible to educate the public about everything. Their job is to cover current actions and events.” (Stein, 2000 — interviewee)

Parker, *et al.* emphasise that the media should therefore aim to reinforce other initiatives:

“Mass media communication is by its nature, simplified and often simplistic. It does, however, contribute to maintaining a general awareness about HIV/AIDS and allows people to internalise key messages over time. It helps to reinforce the impact of other activities and resources.” (Parker, *et al.*, 1998: 12)

Public information and education are recognised as the most powerful weapons against the AIDS challenge and there is a duty on the media to commit the needed resources and expertise to coverage of one of the most complex, important issues of our time. And what is in it for journalists? A lot, according to Ragaa Rashid of Kenya:

“Knowing that your power with the pen and paper has saved somebody’s life.”
(Rashid, 2000: 1)

A comprehensive media response

A comprehensive media response goes beyond merely good, accurate reporting of the facts. It also involves a commitment to the real issues, social responsibility, workplace policies and programmes within media companies (e.g. voluntary counselling and testing, and condom provision), the involvement of PWAs in various ways, and long-term editorial commitment.

According to PWA Ricky Treurnicht:

“The media plays a crucial and integral role in HIV/AIDS. They need to make creative use of PWAs, find bold solutions for Africa, address sustainability and go for a comprehensive approach. We need a response that will actually make a difference.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

Part of the response involves the development of workplace policies for HIV-positive employees within media houses (some newspapers have experienced AIDS-related deaths but this has seldom been reported); as well as provision of counselling for journalists who suffer burnout because of their involvement in HIV/AIDS reporting (not simply changing their beat). As Parker points out:

“If the media are to be socially responsible then it should extend to the broader social issues that affect the marginalised and disempowered The print media employ massive workforces, and require sound workplace policies if they are to be truly committed to HIV/AIDS issues.” (Parker, 2000 – interviewee)

There is also the issue of recognising personal risk and acting as role models which Lucky Mazibuko summarises:

“In South Africa journalists pursue stories about politicians and tend to forget about themselves needing to be role models. They need to be tested for HIV themselves. We must do things and talk about things we understand from a personal perspective.” (*And the media band plays on* session, XIIIth International AIDS Conference, 9 – 14 July 2000)

A comprehensive response also means recognising and overcoming the limitations of current media. Taking one issue as an example — the media gatekeepers (editors and publishers) in South Africa remain mostly male and media houses are urban based, strategies therefore need to be adopted to access and tell the stories of women and rural communities affected by HIV/AIDS. There is a need for reporting on women and AIDS to change the negative stereotyping of women as ‘risk

factors' rather than being 'at risk'. Emily Nwanko of Kenya notes:

"We can change stereotyping of women in the media by having the gatekeepers sensitized towards an appreciation of women's issues and focus on what is news rather than what is sensational Women in the media also need to bring the women's agenda to the table and argue the point whenever they have the opportunity." (Nwanko, 2000: 1)

What is the media currently doing regarding HIV/AIDS?

Sensational

It is a truism that flashy stories and headlines sell newspapers so it is in the interest of the media to sensationalise to some extent. Repeated mention has been made in this work of media sensationalisation of HIV/AIDS. AIDS gained huge media attention because it is inevitably fatal and associated with sexual behaviour. Over the course of the epidemic things have improved dramatically and we have moved from screaming headlines of 'Gay' or 'Black plague', however, an element of overdramatisation and, particularly, of misleading, alarmist headlines remains.

When asked her overall impression of AIDS reporting in South Africa, Crewe said:

"The journalists are dead lazy, they want others to give them the information and they do very little research — it's easier to sensationalise even now rather than to do excellent research and investigative journalism." (Crewe, 2000 — interviewee)

But it is a fine line — readers are attracted by drama and they must be drawn in to read articles and extract the useful information. There is so much news to cover that it is imperative that information is given in an easily digestible format. Even some of the scientists interviewed admitted that it is a journalist's job to write copy that "sells". Soal said:

"I know a lot of people criticise sensational AIDS stories (and I'm one of them) but one person's sensation might be another's good read. It's very hard to draw

the line and very easy to criticise.” (Soal, 2000 — interviewee)

And Stein believes that the events themselves that have been sensational not the reporting:

“I think controversies in South Africa have been sufficiently sensational in and of themselves!” (Stein, 2000 — interviewee)

Challenor said:

“I don’t think that journalists overdramaticise/sensationalise the controversies in HIV/AIDS. If anything, journalists are deliberately underplaying the scale of human sadness. Every person who is living with HIV/AIDS is a story, but their tale is not being told, because readers do not want to be swamped with thousands of stories that are similar. Writers are aware of this lingering reader sentiment, so do not attempt to swamp the pages with such reports.”

(Challenor, 2000 — interviewee)

There are obviously degrees of sensationalism:

“Although human interest stories are important, they should not stoop to the level of a typical *Huisgenoot/You* melodrama. I personally find such stories irritating and just don’t read them.” (Anonymous, 2000 — interviewee)

However, Stally notes:

“the media must not contribute to perpetuating untruths such as promoting ‘cure’ claims and raising false hope for the infected and affected.”

(Stally, 2000: 7)

Taitz added:

“Reporters need to stop reacting to the epidemic and making headlines out of alarmist statements and instead look for the unwritten stories that humanise this epidemic.” (Taitz, 2000 — interviewee)

Sensationalism for sensationalism's sake has serious repercussions, as Parker emphasised:

“We can't have stories stagnating, not developing, issues not being analysed there is no time, and a very small window of opportunity. The media can lead the social response by articulating issues clearly, not simply going for shallow sensationalism and trite analysis of emerging 'scandals'.”

(Parker, 2000 — interviewee)

And Dalrymple pointed out some consequences:

“The general public loses sight of what is actually happening on the ground. We need sustained, regular, well-informed articles that keep people up to date — recognition of useful things that are happening to encourage people to follow suit — a spin that takes us forward as a society and generates appropriate attitudes.” (Dalrymple, 2000 — interviewee)

The temptation to 'jazz up' what seems like tedious medical information as well as the quick turnaround in newspaper reporting has definitely led to some sensationalism which can feed into public fears and cause further suffering and ostracisation of PWAs.

Reactive and routine

There is wide inconsistency in AIDS reporting in South Africa — the quality varies dramatically between publications. There has been an increase in some investigative coverage particularly in the weeklies with their more generous deadlines and space but there is still an overwhelming sense of being routine, reactive, event driven, particularly focusing on prescheduled events (like the AIDS conference) and of there being little advance editorial planning — with the exception of World AIDS Day and the AIDS Conference — both of which were generally well covered. Coverage clusters around the issues of the day, the reporting of politicians and other's speeches, conferences and workshops, and especially the 'juicy' controversies, and quality varies depending on the writer. There is little focus on the larger issues that

shape the epidemic and very little attention on stigma and discrimination or on analysing or decampaigning the negative cultural practices that enhance the spread of HIV/AIDS.

Speaking at a Media Workshop held at the MRC in September 2000, Charlene Smith said:

“The quality of AIDS journalism in this country is up the creek. Most journalists don’t even understand the virus.”

This was a point that emerged from the interviews. The journalists practising AIDS reporting regarded it as weak and in need of attention, and were keen to find ways to improve their work and their newspaper’s overall response.

Clearly, journalists have a duty to ensure that their work is not solely reactive. They have the power to suggest and shape and even, in some cases, determine the news and should be putting that power to use in HIV/AIDS.

Untold stories

Dr Jaime Sepulveda (former co-ordinator of Mexico’s National Committee for the Prevention and Control of AIDS) said:

“In spite of the constant presence of information about AIDS in the mass media, specific aspects of the disease are not addressed so that the collective knowledge about AIDS is not generated nor is participatory discussion promoted.” (Ainsworth & Over, 1997: 275)

A number of topics emerged from the sample and interviews that appear to have been neglected by South African newspapers and deserve in-depth, even investigative, journalism. These are listed in Appendix I.

Commenting on the lack of development in HIV/AIDS reporting, Crewe said:

“If you took an article from 1988 and 2000 and asked people to date them it

would be difficult to tell the difference — it's the same old issues, same old stories and little that makes one sit up and have a WOW experience."

(Crewe, 2000 — interviewee)

The anonymous interviewee put the focus back on education:

"The major gap in coverage is the fact that each and every person in SA has a responsibility to prevent spread of the virus, that message should be spread and underpinned by reporting on how this can be done. So far the press has done little in the way of education, and this should be rectified. The way to start this is to educate people from the ground up, perhaps by a little cartoon series about what HIV is, how it is spread, how it can be overcome. If this is well done it can even reach those we cannot read." (Anonymous, 2000 — interviewee)

Of course, many media players would claim that their role is to inform and that education is beyond their means and mandate.

Where is the science?

The lack of in-depth science reporting is the biggest omission. Maartens pointed out:

"There are many fascinating biological aspects which are under-reported. The skill of a good science writer is to make these accessible and interesting.

(Maartens, 2000 — interviewee)

There are very few trained science writers in South Africa able to disentangle all the complications of HIV/AIDS for a lay readership. Because of this, there is no critical evaluation of the science, no one is questioning it but rather only reporting things from other sources — people and publications. There seems to be heavy reliance on press releases as sources of science information and not that much looking at the journals, visiting the laboratories and actively seeking out scientists and researchers to cover local research. Crewe stresses that they "need to get in experts who write well and who can educate the public about the science as well as entertain and engage" (Crewe, 2000 — interviewee).

Uneven balance

Presenting all sides of an argument, striving to be objective and balancing opposing ideas may not always be ideal for AIDS journalism. There are situations where simple balance is not enough and where research must seek the truth behind the arguments. Objectivity without critical analysis is not enough. Simply presenting two equal but opposite complicated scientific arguments may enhance the lay reader's confusion and therefore disinterest in the topic. Even if there are two sides to a story they do not necessarily deserve equal print space. Such balance seeking may have been a factor in reporting on the Mbeki/dissidents' issue where most stories seemed to say this the orthodox point of view, this the dissidents — now you decide. Most South African's don't have the scientific knowledge to decide and therefore become confused and fearful, or decide that they can't participate in the debate.

Not enough good news

As mentioned, there is a serious need to seek stories with a positive spin, that move away from primitive, doom-and-gloom messages and present enabling, practical information that encourages individual attitudes and social trends away from feelings of helplessness, and points out that prevention and treatment work. For example, Dalrymple mentioned the following:

“There is research showing that young people are using condoms and some are abstaining from sex until they are older. Reporting on these trends and promoting the idea that it's ‘cool’ to abstain from sex or use condoms can help with social mobilisation. At the moment the media gives the impression that the epidemic is spinning out of control and the government is doing nothing about it — a deliberately more positive spin could perhaps help to mobilise more people into taking action.” (Dalrymple, 2000 — interviewee)

Which was confirmed by Parker who pointed out that more than 160 million free condoms were distributed in 1999 — translating to approximately 120 million acts of safer sex — an indicator that people are responding. These issues must be

highlighted. Challenor emphasised:

“Decision makers in the media should be mindful that we have an obligation to reflect on the triumph of the human spirit in the face of such sadness.”
(Challenor, 2000 — interviewee)

Parker feels strongly about this:

“the trend within mass media is to deal with issues reactively rather than proactively all too often the reactive nature of the media requires an element of drama — elements handsomely provided in images of emaciated persons dying of AIDS instead there is a need to celebrate approaches that are working (or seem to be working) in terms of prevention.” (Parker, 1995: 4)

And Gevisser gives practical advice on achieving this:

“How do we counter it, though? Not, of course, by showing happy glowing portraits of ruddy-cheeked HIV-infected families pronouncing, ‘AIDS is great!’ But rather, I would like to believe, by telling stories, with all their shadows and complexities; by trying to present, through the media, three-dimensional portraits of people living with HIV, so that they cease to become the cardboard-cutout stereotypes of ‘tragic innocent victim’ or ‘guilty sinner’.”
(Gevisser, 1995: 9)

Kevin Osborne stresses how important hope is to PWAs:

“For this is indeed what our AIDS struggle needs. It needs a place of hope. And the mass media can instill in us all that hope. But this hope must be grounded in tangibles in the here and now. ” (Osborne, 1999: 12)

With their vital longer-term reference function compared to other media — (researchers and analysts, for example, use print media for retrospective analysis on the epidemic) newspapers have an increased responsibility to chronicle successes as well as failures.

What are some of the reasons for the gap between current practices and ideals?

There are undeniable pressures on journalists — strenuous workloads, deadlines, fighting for space and no control over the final subbing are an inevitable part of the profession but seem to be enhanced by the contentiousness and complexity of this topic.

Work pressure and deadlines

The average health reporter in South Africa is overextended — besides AIDS there are a myriad of other health and related topics deserving attention. The AIDS story is huge and, although it is easy for outsiders to be critical, most don't work under such strenuous daily deadlines.

Soal said:

“It's hard when you have 5 or 6 reporters to give anyone time to do anything properly. If one person is sick, the newsroom is in crisis. There's no encouragement for extra learning and often no scope to convey this depth of information in the newspaper.” (Soal, 2000 — interviewee)

Taitz said that even if editors acknowledge that AIDS reporting requires extra research or reading, they don't make any special allowances (Taitz, 2000 — interviewee).

Soal said that she would like the opportunity to go out more and seek newer stories but time and money remain the major curbs:

“I'd like to get beyond the theory and go out into rural South Africa and see what impact HIV/AIDS is having on ordinary people's lives. Then I'd like to investigate the drug pricing story in more detail. At the moment I rely on what the activists and drug companies are saying, without any real way of evaluating the information.” (Soal, 2000 — interviewee)

Space and subediting

Journalists cannot always be held accountable for the version of the article that appears in print. Headlines and captions, subheads and the final cuts are the domain of subeditors who may not necessarily have the subject expertise the reporter has. It is a problem on many issues but clearly deserves heightened sensitivity in the case of HIV/AIDS. A bad headline can completely misrepresent the story content. On the other hand, wonderful stories are worthless if no one reads them and it is usually the headline that attracts readers.

Morris made one suggestion:

“One often hears journalists complaining about their pieces being edited poorly and not having a chance to see them before publication. I think the person who wrote the article should be responsible for the editing and selecting the title.”

(Morris, 2000 — interviewee)

It seems unlikely that this would ever happen but there is probably a need for journalists to give feedback to subeditors, and the reading public (particularly the experts) needing to keep a vigilant eye and give constructive feedback if articles are unsatisfactory.

Making it accurate

All this results in mistakes — either by not having time to check everything or not having time and space to give all the facts in every story. This is where scientists, researchers, clinicians and others must play a role in assisting journalists to improve the quality of their work. As Soal said:

“I wish scientists would (gently) point out if you get something wrong, otherwise the same mistakes get repeated.” (Soal, 2000 — interviewee)

All the journalists interviewed try, whenever possible, to check facts with experts, but often the sources are not available or don't understand the urgency of publishing deadlines.

There is an ongoing need for mutual feedback (good and bad), as an unidentified speaker at the AIDS conference said:

“Advocates should call reporters after a story comes out — tell them your problems with the story but tell them why you like a story too. Keep journalists accountable and build relationships with journalists.” (*Media and responsibility* session, XIIIth International AIDS Conference, 9 — 14 July 2000)

Convincing editors

South African editors are generally AIDS aware and realise the importance of the story and their role in it. However, as Matchaba pointed out this wasn’t always the case and an earlier, dedicated media response could have played a part in stemming the epidemic:

“The editors are supposed to have their fingers on the issues that affect society most. If they don’t highlight AIDS (as they failed to do so between 1980 and 1998), the results are all too obvious. Now we have a disaster, whereas if they had done their job, perhaps we would not be in the position we are in today!” (Matchaba, 2000 — interviewee)

There has been an increase in the space dedicated to HIV/AIDS with most newspapers having produced supplements and special sections for AIDS Day 2000. Challenor said:

“Editors do devote plenty of space to HIV/AIDS. Every editor would wish to be seen to be socially responsible in the issue, but they too are hamstrung by the vastness of the numbers and the absence of an affordable cure.” (Challenor, 2000 — interviewee)

However, it could be argued that many editors still don’t translate this commitment into newsroom policies and, along with publishers, into a comprehensive sectoral response, or into setting the agenda through their editorials. Very few turn down AIDS stories pitched by journalists but they also don’t necessarily always understand the real import of a particular story and therefore ‘spike’ (drop) it or relegate it to a bad placement, nor do they necessarily make special allowances for

journalists doing this kind of story — probably because they are under pressure themselves to keep costs down and maintain the bottom line. But this could also be a red herring because in terms of the competitive market-place of the multinational mass media industry, AIDS is always ‘good news’ in relation to increased sales, audience ratings and profit margins. (Watney, 1989: 68) Undoubtedly, it is a complex issue with competing pressures.

However, Osborne emphasises:

“... because of the political nature of HIV, its headline-grabbing potential and the possibility of heartfelt stories, reporting on HIV/AIDS necessitates an increased level of responsibility, sensitivity and accuracy.” (Osborne, 2000b: 10)

Crewe was particularly condemning about the role of editors, saying that they do not commit enough space, as well as:

“... not enough comment and opinion that is challenging and informed and not enough sensitivity to the difficulties their reporters often face. They are too critical of the activists without understanding the issues and are really rather smug.” (Crewe, 2000 — interviewee)

Ideally scientists would like regular science supplements as in many overseas newspapers but they conceded that this wouldn’t be likely to happen easily (unless with pharmaceutical company sponsorship).^a A number therefore suggested that newspapers should start by considering the inclusion of a regular science slot (maybe weekly), written or edited by, or in partnership with, a scientist.

Not proactive

It has been stressed that stories are often reactive and event driven when the urgency and seriousness of HIV/AIDS requires a comprehensive, long-term, goal-orientated reporting strategy, however, the journalists interviewed pointed out that

^a The experience in some countries has been that such supplements ‘die’ because they find it hard to attract and sustain the needed advertising. (Hartz & Chappell, 1997: 57)

this works both ways. People working in HIV/AIDS must learn 'media savvy' — how to work *with* the media, understand the different types of media and their needs, and, simply, tell different publications apart. Only some journalists indicated that they are approached by people (besides pharmaceutical companies and activists) to pitch a story. The government rarely does this (and then often through 'boring' press releases), researchers occasionally do and community groups hardly ever. Wellings points out specifically:

"Health educators have a role to play in correcting misleading reporting and emphases as well as in providing newspapers with press release information relating to new interventions and initiatives." (Wellings, 1988: 103)

AIDS groups and researchers need to work directly with journalists — find out their particular interests and aim to meet their information needs. Most journalists are hungry for accurate information and if the standard of AIDS reporting is to be improved, experts and institutions with that information need to feed it to the media. AIDS organisations should recognise the media as a two-way conduit to the people. A more active, constructive partnership is needed, as stressed by the anonymous interviewee:

"There should be a partnership between journalists and scientists. If there is an atmosphere of mutual trust and openness this will happen almost naturally. However, this should start with both sides showing willingness to talk and listen to each other. It's important to emphasise that the shortcomings of HIV/AIDS reporting in SA are not the responsibility of journalists alone. They should be educated to report on HIV/AIDS, but should have access to sources of education. The provision of these should be the responsibility of editors, government, universities and scientists." (Anonymous, 2000 — interviewee)

From their side, journalists could gain the trust of sources by reporting accurately and sending quotes and comments back for ratification where possible (there are publications and journalists that have policies against doing this). In Crewe's words: "journalists must woo their sources and they seldom do this" (Crewe, 2000 —

interviewee). One of the scientists interviewed said that she always insists on having final editing of any quotes or statements attributed to her but then ensures she is available for a speedy return of material — that is an example of a practical partnership.

'Influencing' interest groups

Two of the journalists interviewed mentioned being pressured by pharmaceutical companies and activists to pitch stories in particular ways.

Soal told of having been flown to the United States for a seminar on AIDS drug development and to launches in South Africa at the expense of a drug company preceding the launch of a funding project and reduced drug price offers (involving this company) to the government, only to find that once her articles became more critical, the invitations stopped abruptly. As she said:

“If you write unfavourably about them they invite the competition, not you, on their next excursion. What should happen, of course, is that I should insist on paying for my own flight so there’s no question of buying my loyalty, but try telling that to the Independent Newspaper beancounters.” (Soal, 2000 — interviewee)

She pointed out that some activist groups also try to influence journalists to tell stories in certain ways which is awkward (even if one sympathises with their cause). She stressed that journalists need to negotiate things upfront to ensure that people understand what is on-the-record and what is not.

Similarly, Taitz emphasised that if she feels a story being pitched by an interest group is relevant and interesting she pursues it but ensures that she interviews other parties for balance. She said:

“There have also been times where I have judged the motives of one or other of these parties to be less than honourable and even dishonest and have decided not to pursue the story.” (Taitz, 2000 — interviewee)

Taking responsibility

It is also too simplistic to portray journalists as ruthless and only seeking to get the story at any cost. On the contrary, most South African journalists writing on AIDS long term are aware of their power and the need to 'get things right'. Those interviewed indicated a willingness to constructively engage with whoever necessary to improve the quality of their work. Most had been writing on the topic for a number of years and had genuinely altruistic reasons for their involvement. As American journalist Laurie Garrett pointed out:

"Journalists experience angst all the time about how we portray things. Often people are too powerless to realise that if I publish something they have told me it will hurt them. As journalists we make choices to protect people every day." (*Media and responsibility session, XIIIth International AIDS Conference, 9 – 14 July 2000*)

Bridging the gap between the current situation and the ideal – some ideas***Guidelines and codes***

Practical developments within media houses are important. Parker believes that HIV/AIDS warrants the development of codes of good practice for reporters:

"I think it would be useful to urgently develop a set of practical guidelines, a code of good practice and a statement of commitment that would be used by journalists, photographers and editors – simply to make things clear, and to guide a way forward." (Parker, 2000 – interviewee)

Who should be writing on HIV/AIDS?

In answering this question, Stein said succinctly:

"Everyone concerned with the past, the present and the future." (Stein, 2000 – interviewee)

Matchaba agreed:

“HIV/AIDS is everyone’s responsibility and as such it can do with a ‘shout’ from anyone who has access to the media. HIV is more than a medical problem. As such it should not only be left to journals and scientists. Everyone should write about its effects on all walks of our lives.” (Matchaba, 2000 — interviewee)

Stally emphasises:

“All too often, issues pertaining to HIV/AIDS are relegated to the health desk in media organisations when, instead, a broader perspective is essential. The media approach to HIV/AIDS should be multi-sectoral.” (Stally, 2000: 7)

From the articles sampled it seems that most AIDS reporting is done by health reporters. Others only become involved when there is a high-profile, contentious issue. Political staff were extensively involved this year due to the Mbeki/dissidents’ story, but this remains unusual. Some of the publications (e.g. the *Mail & Guardian*) make some use of freelance writers — sometimes including researchers, public officials and AIDS educators.

Crewe believes categorically that journalists should take the lead but must do so along with experts. In answer to the question “Who should be writing about HIV/AIDS?” she replied:

“Journalists. But in collaboration and in conjunction with the experts — other opinions can be sought and others should be writing but journalists should take a greater leadership and critique role to place other work in context.” (Crewe, 2000 — interviewee)

Undoubtedly, journalists trained in topics like politics and economics, for example, provide a different perspective on many issues in HIV/AIDS. It is a double-edged sword though — involving other beats (to focus on the problem’s many facets) runs the risk of putting the AIDS story into many hands — some of whom won’t have the necessary specialised knowledge and insight that one or two dedicated

reporters can gain over a period. Probably the best idea would be for editors to broaden responsibility for the AIDS story across the newsroom but have one or two staff members (maybe the health journalists or a dedicated editor) who retain responsibility for ensuring that overall quality and accuracy is maintained. Gary Maartens emphasised the need for at least one trained person within each newspaper group to scrutinise all HIV/AIDS articles to ensure that there is no misinformation. An international model that could be considered (whenever time permits) is that of *Time* — where all health and medical story ideas are pitched to a panel of scientists and doctors before they are covered.

Is specialised training required?

Matchaba pointed to the uniqueness of HIV/AIDS:

“There is no other disease like AIDS! It requires training, experience and dedication.” (Matchaba, 2000 — interviewee)

Parker said:

“Journalists are by nature generalists, but there is a case to be made for specialists in this area.” (Parker, 2000 — interviewee)

By contrast, Challenor said:

“Specialised training and experience would help writers to make more of the HIV/AIDS story, but it is not mandatory. Journalists are no better trained to handle HIV/AIDS than they are any other issue. In most cases that means very little training.” (Challenor, 2000 — interviewee)

The journalists interviewed for this work came from a variety of backgrounds — some had a journalism or liberal arts education while a couple had come from a social science, psychology or research background.

But does HIV/AIDS reporting require specialised training? The science of AIDS is constantly evolving so do journalists need a science background and ongoing in-

house training, or are experience, private reading and access to experts enough? Again, this elicited strong responses.

Morris said:

“There are very few journalists in South Africa who are well enough qualified to write about HIV/AIDS. There should be some serious investment of editors in this country into training specialist journalists. They should think ahead and start training people now as HIV/AIDS is going to be a major news story for a long time.” (Morris, 2000 — interviewee)

She also pointed out though that formal scientific training was not absolutely necessary:

“There are many excellent journalists who write on HIV/AIDS who do not have a science background but have been working in the area for a long time. They have tremendous interest in the topic and have read a lot, and consult with scientists who can help them on the technical aspects. (Morris, 2000 — interviewee)

The anonymous interviewee said that AIDS reporting should be the domain of:

“... only educated journalists, i.e. who have taken the trouble to inform themselves of the scientific facts. Journalists don’t need to be able to talk like a Nobel prize winner on the subject (in fact, that would be disadvantageous), but should know the basic facts Yes, it certainly does require specialised training, just look at some journalists in the USA (Jon Cohen for example), they can talk to scientists at really high level and understand the real issues. In general, journalists in SA are not adequately trained. This is the responsibility of journalists, editors and scientists alike.” (Anonymous, 2000 — interviewee)

Matchaba stressed that there should be compulsory training on HIV/AIDS for media personnel and a fixed amount of time allocated to HIV/AIDS issues, but also added that there should be incentives such as a yearly community award for the best reporting on AIDS (Matchaba, 2000 — interviewee).

Crewe pointed out that many journalists don't even realise they need training:

"It requires skilled journalists who are well trained, have cut their teeth, can pick up nuances and have intense crap detectors. In general, journalists are not well trained and think, misguidedly, they don't need it." (Crewe, 2000 — interviewee)

She suggested some practical solutions:

"I think journalists need a good HIV/AIDS general education course followed by a counselling course and some practical experience in an ATIC^b or other place. They like to spend time cuddling babies but that's not really what counts. We need good investigative journalism and that we do not have." (Crewe, 2000 — interviewee)

Maartens suggested an annual refresher course, while Mazibuko, appealed for in-house training:

"Journalists are the eyes and ears of the community. Journalists need to get educated themselves. It's critical that media houses develop in-house media training." (*And the media band plays on* session, XIIIth International AIDS Conference, 9 — 14 July 2000)

Taitz pointed out the individual's responsibility:

"HIV/AIDS reporting can certainly be enhanced by training but training would have to be developed to address specific needs. The best training comes from exposing oneself to as much information on the subject and from surrounding oneself with as many experts as one can find. The best reporting comes with experience." (Taitz, 2000 — interviewee)

Grimwood stressed that training and experience don't necessarily mean the journalist stays on the beat or even in the profession:

"As journalists develop expertise they leave and thus there has been a range of

^b ATICS are AIDS Training and Information Centres run by the government's HIV/AIDS Directorate. There are currently 16 ATICS in the main cities and towns of South Africa.

quality of reporting from grossly inaccurate to very good.” (Grimwood, 2000
— interviewee)

Certainly there is a swing towards journalists who specialise in AIDS reporting but there are still are not many. At the least journalists writing in this field need some essential skills including critical-thinking skills and expertise in reporting and writing, coupled with a core knowledge base of all the issues, debates and science. Whether formal or informal, it seems likely that sustained and serious long-term reporting on this epidemic requires some form of training. Once-off training is not sufficient and media houses and journalists will have to make a commitment to some form of ongoing training. The story is so big and impacts on so many beats that all staff (e.g. political, economic, sport, education and even crime reporters) ideally need exposure to and familiarity with the major debates — that should be more than an individual responsibility.

Is there a place for social responsibility?

Is HIV/AIDS so different from any other topics that journalists need to make new rules of conduct and try to influence events/outcomes and people’s decisions rather than simply writing stories?

Gbemi Egunjobi thinks there is a greater responsibility:

“Journalists have a social, as well as professional responsibility to report HIV/AIDS, because the journalist, as catalyst of social change and purveyor of new ideas, is placed at a vantage point by his profession to be at the vanguard of the fight against HIV/AIDS. That is what’s in it for them.”

(Egunjobi, 2000: 1)

The anonymous interviewee pointed out that it shouldn’t simply be a case of devoting column centimetres but those centimetres must have the ability to change people’s lives:

“Enough space is devoted, but not in the right way. There should be more

articles with an education message in mind and less sensationalism The press definitely has a social responsibility to educate people.” (Anonymous, 2000 — interviewee)

However, Miller and Williams point out that journalism doesn’t comfortably support a social responsibility/change-agent role:

“Although many specialist medical and health correspondents would stress their social responsibility in covering an issue such as HIV/AIDS the occupational culture of journalism provides a countervailing pull.” (Miller & Williams, 1993: 136)

The concept of news values may run counter to the push towards responsibility. If a story is newsworthy (as AIDS generally is) journalists have no choice but to cover it.

Soal pointed out that she doesn’t think it is necessary to do "anything special — just tell good stories" but admits that there might be a place for better employment practices within the industry and for HIV-positive columnists (Soal, 2000 — interviewee).

Challenor firmly believes that journalists mustn’t become part of the story "by going beyond reporting to stimulating debate" (Challenor 2000 — interviewee).

It is a touchy business but there are actions that could make a concrete difference without going too far outside the bounds of normal journalistic practice. For example, as mentioned in Chapter One, the *Cape Argus* during 2000 ‘adopted’ the Groote Schuur Hospital Trauma Unit and assisted in a fundraising initiative to acquire a scanner for the unit. This involved regular weekly articles about the unit, its staff, patients and needs — all containing the fund’s contact details. The unit acquired its scanner in December. A similar programme was undertaken to raise funds for the Red Cross Children’s Hospital (the Cape Argus Children’s Hospital Appeal) which surpassed its target of R12 million before Christmas. Similar

activities could be undertaken for a home for HIV-positive babies, for example. There are many 'causes' in this field. Again, undoubtedly not the terrain of individual journalists but something for media houses to consider.

That's only one option — the terrain is wide open. Cooke writes that:

"Public journalism involves consulting with the public as to their concerns; grounding the news proactively to address those issues and working to hold other political actors accountable thereto; paying primary attention to the needs of citizenship in crafting a story, not the stage of the individual episode; and providing forums for discussion and deliberation among citizens and between citizens and officials." (Cooke, 1998: 176)

Other small, inexpensive measures that could make a difference include publishing the contact numbers of AIDS helplines with articles and even including red ribbons in mastheads or section head logos — not only around major AIDS events but all year round. By the topics they cover journalists can also substantially assist in creating avenues for co-operation between groups and individuals, facilitating networking and the formation of partnerships.

The role of non-journalists/alternative voices

What is the role of HIV-positive people in the media?

As mentioned (Chapters One and Three) the role of HIV-positive people (i.e. who are not also professional journalists) as columnists and writers on HIV/AIDS is complex and deserves further study. Opinions of the interviewees and from other sources varied, with activists believing they had an essential role to play. For example, Judge Edwin Cameron said in a speech earlier this year:

"In an epidemic of the unseen and the silent, those of us openly living with HIV/AIDS, must be the voices and faces of this epidemic." (Cameron, 2000: 1)

Matchaba and the anonymous interviewee commented as follows on whether more PWAs and AIDS workers should be involved:

“Yes they should. This would break the wall of silence AIDS affects every facet of our lives, but very few people are writing about it. We need to know more, read more, learn more.” (Matchaba, 2000 — interviewee)

“Lucid accounts from people directly involved with HIV can do much to educate people about the epidemic and also about the very real dilemmas faced by the millions of infected people.” (Anonymous, 2000 — interviewee)

The journalists and communications experts pointed out though that there is real danger of paying lipservice to ‘giving PWAs a voice’ and simply publishing bad writing by unqualified people to ‘give space to the issue’. Journalism training is required to craft a good story for print. The quality of the writing, its ability to spread a coherent, important message and the target readership should be the deciding factor on who writes about this epidemic. Soal said:

“The problem is that many people don’t know how to write a news story. They use too much jargon their articles are too long.” (Soal, 2000 — interviewee)

However, no one disputes that PWAs’ and community members’ stories must be told. Kelly writes on research conducted in South Africa:

“This research has shown that exposure to people living with HIV/AIDS both in the media and through personal contact, plays a decisive role in sensitising people to HIV/AIDS care issues stories of people with HIV/AIDS appear to have a particularly powerful effect on public perceptions.” (Kelly, 2000: 8)

And Usdin said:

“Yes, it would give a face to the epidemic. It would highlight models used, their strengths and weaknesses. It could play an important advocacy role and could help access coverage by helping journalists find a human angle to their writing — something

which always enhances the chance of the issue getting coverage.”

(Usdin, 2000 — interviewee).

The stories need to be told one way or another:

“Some of the most compelling advocates of an effective response to the epidemic are people who are themselves infected with HIV a person need not be a celebrity prior to infection for personal testimony to have a powerful impact.” (Ainsworth & Over, 1997: 279).

Crewe feels strongly that this should occur through skilled writers:

“Few people write well and they need to be able to work with those who do and only if they have a good perception about what’s going on and can do good auto critique.” (Crewe, 2000 — interviewee)

However, whether they write themselves or a journalist does it on their behalf, PWAs must retain some control and power in the process instead of being used for ‘juicy’ copy.^c

Also, there is recognition that more information targeted specifically at PWAs needs to be generally available in the media — things like healthy lifestyle, good nutrition, information on antiretroviral drugs and prophylactic treatment for opportunistic infections, as well as information on emotional and community support mechanisms. Osborne points out that much mass media has avoided reporting on the realities of life as a PWA:

“... the mass media messages were subtly telling me that if it had already happened, then I had better either curl up and die or accept my predicament.”

(Osborne, 1999: 12)

^c An example is the Living Openly Project of the Beyond Awareness Campaign, supported by the Department of Health. It aimed to counter the media’s harsh, stereotypical imagery of PWAs by featuring photos and stories about people living openly with the disease. Under the influence of this campaign there has been an increase in coverage of ‘good news’ around HIV/AIDS.

Future challenges

Reporting on HIV/AIDS vaccine development and trials

The biggest story in HIV/AIDS in the immediate future is likely to be the advent of clinical trials for HIV/AIDS candidate vaccines (which could start in South Africa in 2001). In 1998 the government formed the South African AIDS Vaccine Initiative (SAAVI) under the auspices of the MRC. In addition to vaccine research and development, SAAVI supports an extensive community mobilisation and advocacy project (the South African HIV Vaccine Action Campaign — SA HIVAC) which includes a communication and information component. This will act as an information clearinghouse for journalists and the public, and will undertake training workshops for journalists and editors to assist them to improve reporting on AIDS vaccines.

It is a complex business. Although South Africans have experience of vaccination and drug trials, the complications of HIV vaccine trials are numerous. The first candidate vaccines may not be effective, the trial process, involving Phases I, II and III, will have to be well managed, participants will require comprehensive education about the potential medical effects and consequences of participating as well as their legal and ethical rights, and all of this must take place in a supportive social environment which is maintained, despite setbacks, for the ten years it is estimated it will take to develop an effective vaccine. And, even then, success is not guaranteed — since the start of the epidemic about 30 candidate vaccines have been tested, and there still isn't one that works.

Experience from the USA, Europe and, more recently, Thailand and Uganda has shown that this requires a partnership between all sectors and that the media is essential — in providing ongoing, accurate, factual, non-sensational information that encourages an environment in which people are informed, know the challenges, can make decisions about their role, and are able to create a caring and supportive background for trial subjects.

In relation to AIDS reporting, Nelkin writes:

“Writing about this disease required the time and budget to cover a complex subject and to develop interpretations in the face of technical uncertainties and scientific disagreements.” (Nelkin, 1995: 104)

These challenges are further enhanced in vaccine work. Journalists will need to explain the scientific process to the public, relay the message that science is uncertain, breakthroughs are few and far between, and even failures in research still improve scientific knowledge. It is a delicate balance between too many facts and oversimplification. Any scaremongering from the press would have a seriously negative impact on the trial process.

Nelkin outlines some challenges which will be even more critical in the case of vaccines:

“To comprehend science or technology, readers need to know its context: the social, political and economic implications of scientific activities, the nature of evidence underlying decisions, and the limits — as well as the power — of science as applied to human affairs.” (Nelkin, 1995: 171)

To do this, journalists will have to be critical and questioning but retain their objectivity and balance with understanding of the scientific challenges. Cooke sees informed scepticism as a challenge which journalists haven’t got right yet:

“journalists do not generally approach scientific sources with much skepticism. Instead reporters tend to be uncritical of the scientific facts with which they are provided.” (Cooke, 1997: 227)

And Steinbrook warns:

“Skepticism is important. When a medical breakthrough is announced, fame for investigators and institutions, future research grants, and corporate profits are all usually at stake.”

And suggests:

“The alternative might be for reporters to base a greater proportion of their stories on their own ideas — ideas they generate by visiting laboratories, attending meetings, or talking to scientists the public is best served by a diversity of coverage.” (Steinbrook, 2000: 1668)

There has already been fairly extensive reporting on vaccines in South African newspapers — 137 articles in the sample — ranging from quite good to bad. The challenge will be to sustain the momentum and ensure that over the period there is more good than bad.

In summary

“By 6:00 p.m. on Thursday, November 7, 1991, whether or not you were a basketball fan, you knew Johnson was infected with HIV This single news event inspired more response than had all the CDC’s prior public service advertisements on AIDS.” (Wallack, *et al.*, 1993 : 45)

The power of the media to both inform and misinform is undisputed. Print media is a narrow slice of the media spectrum, however, in South Africa, because of lack of access to electronic media (particularly in rural areas), newspapers can still play an extremely important information dissemination role. The population can potentially be reached through excellent HIV/AIDS reporting in South African newspapers — so it is worth trying to get it right as far as possible.

Clearly it is vital to move away from the prevailing superficiality to uncover and present in detail all the underlying issues, and to advance from simply rehashing other’s ideas, as Parker said:

“The challenge then is for the media to begin digging beneath the surface, exposing both the complex struggles of HIV/AIDS, but also working from an

informed position when it comes to the macro issues.” (Parker, 2000 — interviewee)

Not investigating HIV/AIDS issues in depth has had consequences for those infected, says Osborne:

“In not accurately covering all the intricate threads tied into this issue and in not showcasing equally the complexities of the various theories, the result is increased confusion. And confusion leads to inaction and stigmatisation — particularly against those who are living with HIV/AIDS, the very community of people the media, I presume, hopes to support.” (Osborne, 2000b: 10)

The journalist’s or newspaper’s body of work on AIDS must include the perspectives of PWAs, the social and cultural forces that shape the epidemic and the science of HIV/AIDS.

The response from South African newspapers to this epidemic has been fragmented and inconsistent — there is an urgent need for a unified media response, for a common discourse in the language and words used, for finding creative ways to explain the science and for innovatively but sensitively using PWAs.

The role of the media in this epidemic is not fundamentally different to that in other medical/health (or even general) stories — namely to tell human stories, present accurate and understandable scientific and medical information and debates, analyse and evaluate government and other policy, and play a watchdog role when needed, but there *is* an obligation to do all this with increased urgency, sensitivity, passion, compassion and commitment to high standards because, in the case of HIV/AIDS, it is literally a question of life and death.

Writing generally on the role of the media Steele observes:

“If a mandate of journalism is to inform and educate the public in a timely and compelling way about significant issues, then journalists truly failed to adequately inform the public about AIDS and its profound implications. That

is an ethical issue: the responsibility of journalists to hold the powerful accountable, to give voice to the voiceless, to probe the depths of the story, to pursue sources and statistics in search of the truth.” (Steele, 1994: 2)

Reporters must aim to provide science information that is precise, clear and coherent, which educates people about the scientific facts, dispels myths, offers appropriate advice and reassurance and influences social opinion positively. But this means that journalists have to be prepared to do the necessary background research and investigation, become informed themselves, know the subject, ask the right questions, and widen their scope of contacts. Crewe said that most journalists “get the comments but do little analysis.” She added: “It’s often grossly oversimplified and the regular experts trot out the same old things.” (Crewe, 2000 — interviewee). Reporters and editors need to find the time to develop a level of expertise and do their homework. Science writers can’t merely ask if something is a story they need to question how good the science is, whether it addresses the main questions, as well as balancing the uncertainties with the news value of the story (Blum & Knudsen, 1997: 43).

Parker made a simple comparison with political reporting in pre-transformation South Africa. He said:

“There is a simple analogy to be made with media treatment of apartheid. In the days of apartheid the media played an important role in providing in-depth reporting of the grassroots aspects of the struggle, that provided considerable insight into the lives of the politically marginalised. The African challenge is to do the same with AIDS. Interestingly, media legislation at the time forced journalists and photographers into the realm of this ‘grassroots’ coverage and analysis, because a direct opposition voice was not possible. Now that there are less constraints on press freedom, the trend has been to devote excessive coverage to the macro-political and economic aspects of AIDS, with little analysis of grassroots issues.” (Parker, 2000 — interviewee)

James Wolfensohn, President of the World Bank, Joao de Deus Pinheiro of the European Commission, and Peter Piot of UNAIDS note that:

“The world can overcome HIV. Given the necessary information, means, and a supportive community, individuals can and do alter their behavior to reduce the risk that they will contract and spread HIV.”

(Ainsworth & Over M, 1997: xiii)

The media's role in this epidemic on the African subcontinent is important and can be improved in many ways but it will take commitment and dedication and a concerted move away from triviality and superficiality.

“We had no such thing as printed newspapers in those days to spread rumours and reports of things, and to improve them by the invention of men, as I have lived to see practiced since.” — Daniel Defoe, *A journal of the Plague Year*, 1721. (Wallack, *et al.*, 1993: 208)

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Appendix A

List of interviewees

Anonymous interviewee — this is a South African virologist currently working in Britain for a pharmaceutical company. She chose to remain anonymous so that she would be freer to express her honest views without being regarded as a spokesperson for her company.

Martin Challenor — from the Marketing Department of Independent Newspapers (*Daily News*, Durban).

Mary Crewe — an educationalist and specialist in AIDS education. Crewe previously managed the Johannesburg AIDS Centre and is currently the head of the Centre for the Study of AIDS at the University of Pretoria. She was involved in formulating the life-skills component of the education syllabus and heads the education module of the South African HIV Vaccine Action Campaign. She has served on many high-level HIV/AIDS bodies and has published extensively (in the lay and specialist press) on HIV/AIDS.

Lynn Dalrymple — Professor of Drama at the University of Zululand, developer of the DramAidE theatre programme (AIDS prevention through drama), HIV/AIDS communication researcher and expert.

Ashraf Grimwood — HIV/AIDS clinician and activist, Chairperson of the National AIDS Convention of South Africa (NACOSA), Previous Principal Officer of Health of the City of Cape Town and current Scientific Adviser of the Bristol-Myers Squibb *Secure the Future* Programme.

Gary Maartens — HIV/AIDS and TB specialist clinician, Head of the HIV Clinic at Groote Schuur Hospital, Professor in the Department of Medicine, University of Cape Town.

Patrice Matchaba — Gynaecologist/obstetrician, HIV/AIDS clinician and researcher, currently Medical Director of Novartis. Dr Matchaba has written extensively on HIV/AIDS in both journals and the lay press. He is also a novelist who has published one novel on HIV/AIDS entitled *Deadly Profit* and has another in the pipeline.

Lynn Morris — Specialist Scientist, National Institute for Virology, Principle Investigator for Immunology and Virus Serotyping for the South African AIDS Vaccine Initiative (SAAVI).

Warren Parker — AIDS communication specialist, Developer and manager of the government's Beyond Awareness Campaign.

Charlene Smith — freelance journalist for various newspapers including the *Mail & Guardian*, rape survivor and AIDS activist.

Judith Soal — journalist, health writer, *Cape Times*.

Joanne Stein — AIDS researcher, currently working as journalist/researcher for Health-e News Service. Joanne has also published extensively on AIDS in the lay press and is an Editor of the MRC's *AIDS Bulletin*.

Laurice Taitz — journalist, health writer, *Sunday Times*.

Shereen Usdin — medical doctor, AIDS communication expert, initiator, developer and manager of the *Soul City* multi-media, 'edutainment' initiative.

Appendix B

Interview questions — HIV/AIDS clinicians, scientists/researchers, educators, communications experts

1. What is your overall impression of HIV/AIDS reporting in South African newspapers?
2. What makes the HIV/AIDS story in Africa unique/challenging/different from elsewhere in the world?
3. Has HIV/AIDS reporting in South Africa developed in any way over the nearly 20 years of the epidemic?
4. What should the role of newspapers be in the HIV/AIDS epidemic?
5. Who should be writing about HIV/AIDS?
6. Should more people involved directly in HIV/AIDS work, e.g. PWAs, clinicians, community health workers, activists, etc. be writing about their experiences in HIV/AIDS? What would this achieve?
7. What factors make the HIV/AIDS story unique? Should HIV/AIDS be treated mainly as a medical/health/science story? What are the advantages/disadvantages of that approach?
8. Is there enough coverage of 'the science of AIDS'? How could this be improved?
9. Can you identify any local examples of outstanding reporting on HIV/AIDS? (Identify by either journalist, article or publication.) What made the article(s) good?
10. What elements make an outstanding HIV/AIDS story?
11. Does HIV/AIDS reporting require specialised training or experience? In general, are journalists in South Africa adequately trained to handle HIV/AIDS reporting?
12. What about the role of editors — do they devote enough space to HIV/AIDS? Should they be assuming a more socially responsible role regarding HIV/AIDS? And, if so, how?
13. Can you point to specific controversies/incidents that you believe were

well handled by newspapers? Why?

14. Can you point to specific controversies/incidents that you believe were badly handled by newspapers? Why?
15. What do you think generally of the standard of reporting on the Mbeki/dissidents story (the Presidential AIDS Advisory Panel)?
16. What do you think of the standard of reporting on the XIIIth International AIDS Conference thus far?
17. Do you think journalists overdramatise/sensationalise controversies in HIV/AIDS? What is the result of this?
18. How can reporters responsibly stimulate debate on HIV/AIDS?
19. Is there enough in-depth, investigative reporting on HIV/AIDS? Can you think of topics that should receive such attention?
20. Are there any major gaps in coverage, if so, what subjects should be covered?
21. What are the future major stories in HIV/AIDS?
22. What strategies can you suggest to improve HIV/AIDS reporting in South Africa?
23. Does the language used in daily newspaper reporting on HIV/AIDS perpetuate stereotypes? Is it appropriate to the subject and the audience - i.e. is the language sensitive and representative enough, are things too simplified, not simplified enough?
24. Can you give some general suggestions for good sources, resources, resource persons and spokespersons for journalists reporting on HIV/AIDS?
25. Have you ever had a really bad/really good newspaper interview on HIV/AIDS — if so, what made it bad/good? Did you follow up with the journalist afterwards?
26. Is there anything that you would like to add which you feel is important and has not been covered in the questions above?

Appendix C

Interview questions – Journalists

1. As a journalist writing on HIV/AIDS have you ever had activists, scientists, pharmaceutical companies or anyone else trying to influence you to tell a story their way? How did you handle it?
2. Do you experience problems convincing your editor to cover HIV/AIDS or pitching an AIDS story to your editor – how do you handle this?
3. Have you ever had a story about AIDS turned down – if so what was the reason?
4. Does your editor use his/her editorial column to comment on HIV/AIDS – what sorts of issues does he/she cover?
5. What sources, resources, spokespersons do you find particularly useful in HIV/AIDS – are they easily accessible and available?
6. How did you experience covering the XIIIth International AIDS Conference? What kinds of stories did you write – (e.g science, political, medical, human interest)?
7. Have you ever been approached by government, public health officials or researchers directly to run a story on HIV/AIDS – i.e. are they actually making use of the media instead of waiting for you to come to them?
8. Are you familiar enough with the science of AIDS/are you able to find scientists/researchers/clinicians to explain it to you when needed?
9. Are you given the time by your editor to do the necessary reading/research to keep up with the changing field of HIV/AIDS or are you expected to do this kind of background reading on your own time?
10. Has anyone ever contacted you after an AIDS story has appeared to complain or praise you about the way it appeared?
11. Are there any aspects of the epidemic that you are prevented from covering (any taboo subjects)?
12. What is your overall impression of HIV/AIDS reporting in the South African newspapers?
13. What makes the HIV/AIDS story in Africa unique/challenging/different from

elsewhere in the world?

14. Has HIV/AIDS reporting in South Africa developed in any way during the time you've been writing about it?
15. What should the role of newspapers be in the HIV/AIDS epidemic?
16. What factors make the HIV/AIDS story unique? Should HIV/AIDS be treated mainly as a medical/health/science story? What are the advantages/disadvantages of that approach?
17. What elements make an outstanding HIV/AIDS story?
18. What is your background, training and experience? What other beats have you covered? Does HIV/AIDS reporting require specialised training or experience?
19. Should more people involved directly in HIV/AIDS work, e.g. PWAs, clinicians, community health workers, activists, etc. be writing about their experiences in HIV/AIDS? What would this achieve?
20. Does your editor devote enough space to HIV/AIDS? Should he/she be assuming a more socially responsible role regarding HIV/AIDS? And, if so, how?
21. Can you point to specific controversies/incidents that you believe were well handled by newspapers? Why?
22. Can you point to specific controversies/incidents that you believe were badly handled by newspapers? Why?
23. Did you write about the Mbeki/dissidents story (the Presidential AIDS Advisory Panel) — if so, how would you characterise the type of story you wrote?
24. How can reporters responsibly stimulate debate on HIV/AIDS?
25. Are you given enough opportunity to do in-depth, investigative reporting on HIV/AIDS? What topics have you or would you like to cover in this way?
26. Is there anything that you would like to add which you feel is important and has not been covered in the questions above?

Appendix D

Tables 1.1 to 1.3

Table 1.1 Coverage of HIV/AIDS in South African newspapers 1999 — 2000

Mail & Guardian

Table 1.2 Coverage of HIV/AIDS in South African newspapers 1999 — 2000

Cape and Weekend Argus

Table 1.3 Coverage of HIV/AIDS in South African newspapers

Daily News — conference coverage only 10 —14 July 2000

Note: The spelling and use of acronyms, etc. is kept as given in the publication.

Table 1.1 Coverage of HIV/AIDS in South African newspapers 1999 – 2000
Mail & Guardian

Publication	Article type	Date	Author	Headline	Angle
Mail & Guardian	Feature	20 – 26/10/00	Belinda Beresford	Rape survivors' NGO banned from hospital	Non-governmental organisation banned from State hospitals for providing antiretrovirals for rape victims
Mail & Guardian	News	20 – 26/10/00	Paul Kirk	Survival guide for Aids orphans a world first	University of Natal releases a book teaching children how to cope after the death of their parents to AIDS
Mail & Guardian	Letter	13 – 19/10/00	Marten du Plessis	'We make mistakes, but we do not lie'	Editor of <i>Noseweek</i> responds to Belinda Beresford article
Mail & Guardian	Feature	13 – 19/10/00	Belinda Beresford	Putting local Aids vaccines to the test	Researchers to begin first clinical trials of an AIDS vaccine for South Africa
Mail & Guardian	News	13 – 19/10/00	Belinda Beresford	Business takes the lead in Aids fight	Business enters into negotiations with drug companies over pricing of antiretrovirals
Mail & Guardian	Feature	06 – 12/10/00	Belinda Beresford	Lies, damned lies and <i>Noseweek</i>	<i>Noseweek</i> article shows how statistics can be manipulated
Mail & Guardian	Feature	29/09 – 05/10/00	Tracey Farren	Discretion to disclose	Health workers face dilemma of whether to disclose HIV status to a third party
Mail & Guardian	News	29/09 – 05/10/00	Howard Barrell	Aids wreaks havoc on economy	Despite AIDS deaths, share in national wealth and unemployment will still remain problematic

Mail & Guardian	Feature	15 – 21/09/00	John Vidal, James Meek	'This is where Aids started. I'm quite sure'	Scientists are divided over claims that AIDS was created by Western virologists developing polio vaccines in Africa in the 1950s
Mail & Guardian	Column	04 – 14/09/00	Robert Kirby	Eight reasons for not using Nevirapine	Tongue-in-cheek look at government's procrastination over use of AIDS drug
Mail & Guardian	Feature	08 – 14/09/00	Timothy Tren Grove-Jones	Aids activists to challenge the state	Government will face legal action following its failure to introduce measures to prevent mother-to-child transmission of HIV
Mail & Guardian	Feature	18 – 24/08/00	Belinda Beresford	It costs R1,99 to save a child ...	Government fails to react to report findings on Nevirapine
Mail & Guardian	Column/ Feature	18 – 24/08/00	David Beresford	Aids and the long silence of betrayal	Personal reflections on the death of an employee of HIV/AIDS
Mail & Guardian	Feature	18 – 24/08/00	Liesl Gernholtz	Government's Aids policy strips women of rights	Greatest threat to women's development is HIV/AIDS
Mail & Guardian	Feature	04 – 10/08/00	Khadija Magardie	Women are worst-hit by Aids	Despite years of research, no reliable female barrier method exists to protect females from infection
Mail & Guardian	News	28/7 – 03/08/00	Marianne Merten, Aaron Mdasane	Prison Aids policy on trial	An inmate who contracted AIDS while incarcerated criticises the Department of Correctional Services for its policy towards HIV-positive inmates

Mail & Guardian	Feature	21 – 27/07/00	Howard Barrell	R800m to let Aids babies die	Government will save R800m and 8000 children's lives per year if antiretrovirals and formula feed are made available
Mail & Guardian	News	21 – 27/07/00	Peter Dickson	State doctors treat infants in defiance of jail treat	Eastern Cape doctors have been threatened with jail for administering Nevirapine at provincial hospitals
Mail & Guardian	Feature	21 – 27/07/00	Charlene Smith	SA faces Aids-related education disaster	Government will reach a point at which it will not be able to train teachers fast enough to replace those who die from HIV/AIDS
Mail & Guardian	Feature	14 – 20/07/00	Belinda Beresford	Drugs let the rich buy a few more years of life	Access to Aids drugs is the cry of the AIDS 2000 conference
Mail & Guardian	News	14 – 20/07/00	Belinda Beresford	Lots of talk, not enough action	Perception at conference is that SA government is on the defensive rather than taking the lead
Mail & Guardian	Feature	14 – 20/07/00	Khadija Magardie	Villages where nine-year-olds head their households	A look at the challenges facing child-headed households in KwaZulu-Natal
Mail & Guardian	News	14 – 20/07/00	Belinda Beresford	Africa's infants suffer	Challenges to be overcome in administering antiretrovirals to prevent mother-to-child transmission
Mail & Guardian	Feature	07 – 13/07/00	Matt Ridley	The true origin of Aids	A new theory says HIV/AIDS derived from a live polio vaccine using chimp kidneys in the 1950s

Mail & Guardian	Feature	07 – 13/07/00	Belinda Beresford	The ever-changing killer	HIV mutates rapidly and therefore can become resistant to drugs - that's why patients need to be treated with drug cocktails
Mail & Guardian	News	07 – 13/07/00	Anthony Browne	New wave of HIV haunts gay capital	HIV cases start to increase in San Francisco due to complacency and rise in unsafe sex
Mail & Guardian	News	07 – 13/07/00	Khadija Magardie	Africa hardest hit by Aids	There are now 16 countries in Africa in which more than one-tenth of the adult population is infected with HIV
Mail & Guardian	News	07 – 13/07/00	Evidence wa ka Ngobeni	Aids conference bans 'graphic' photographs	AIDS conference bans photo exhibition
Mail & Guardian	News	07 – 13/07/00	Belinda Beresford, Khadija Magardie	Drugs for Third World tops debate	AIDS is a socio-economic disease - the rich are more likely to avoid full-blown AIDS for longer because of drugs
Mail & Guardian	Feature	07 – 13/07/00	Matt Ridley	The true origin of Aids	New theory put to the test
Mail & Guardian	Feature	30/06 – 06/07/00	Khadija Magardie	To die among family and friends	Community-based care allows AIDS patients to die with love and dignity
Mail & Guardian	News	26/05 – 01/06/00	Khadija Magardie	Body to monitor Aids vaccine trials	Community advocacy project will provide information and ensure human rights are protected in vaccine clinical trials

Mail & Guardian	News	07 – 13/04/00	David le Page	It's the trials not the drugs	Deaths of women in drug trial probably result of flaws in trial not drugs
Mail & Guardian	News	07 – 13/04/00	Jaspreet Kindra	Aids 'a threat to democracy'	CIA warns AIDS pandemic will add to political instability and slow democratic development in Africa, Asia and the former Soviet Union
Mail & Guardian	Feature	07 – 13/04/00	Charlene Smith	'How lucky I am to be heard'	Charlene Smith's reaction to the sentence passed on her rapist - including discussion of the HIV fears of a rape survivor
Mail & Guardian	News	07 – 13/04/00	Belinda Beresford	Furore over testing in humans	Ugandan study on HIV transmission questioned ethically
Mail & Guardian	News	31/03 – 06/04/00	Paul Kirk	60% of SA army may be HIV-positive	Preliminary HIV testing finds high rates of infection in SANDF
Mail & Guardian	Feature	24 – 30/03/00	Peter Dickson	Gazi offers to pay for HIV drugs	Profile of Costa Gazi
Mail & Guardian	Feature	24 – 30/03/00	Matt Wells	Sex on the edge	Condemning HIV-positive, gay men who have unprotected sex is pointless
Mail & Guardian	Feature	17 – 23/03/00	Brian Williams	Community effort can block Aids	Mothusimpilo-Carltonville Project involves local community through all sectors to fight HIV/AIDS
Mail & Guardian	News	25 – 31/02/00	Barry Streek	The economic danger of Aids	Government budget review looks at economic impact of HIV/AIDS

Mail & Guardian	News	18 — 24/02/00	Barry Streek	Prisoner HIV figures 'wrong'	Opposition disputes HIV cases among prisoners as presented by Minister of Correctional Services
Mail & Guardian	Feature	18 — 24/02/00	Khadija Magardie	STDs rife among South Africans	At least one in every 10 South Africans will contract an STD this year
Mail & Guardian	News	18 — 24/02/00	Khadija Magardie	Church gets R31m to fight Aids	Catholic Bishops conference receives funding
Mail & Guardian	News	12 — 17/02/00	David Greybe	Compulsory HIV test recommended	SA Law Commission recommends compulsory HIV testing for anyone arrested for a sexual offence
Mail & Guardian	News	04 — 10/02/00	Peter Dickson	Aids activists set up watchdog body	AIDS activists form Shadow National AIDS Council
Mail & Guardian	News	28/01 — 03/02/00	Ivor Powell	Uproar over Aids council	AIDS council excludes Africa's top experts and leading non-governmental organisations
Mail & Guardian	News	28/01 — 03/02/00	Sarah Bullen	Footing the HIV/Aids bill	Medical schemes need to proactively make plans for tackling HIV/AIDS burden
Mail & Guardian	News	21 — 27/01/00	Heather Hogan	'5,6m HIV-positive in SA by 2005'	The number of HIV/AIDS-related deaths outstripped births in KwaZulu-Natal in 1999
Mail & Guardian	Feature	14 — 20/01/00	Aaron Nicodemus	A nightmare vision for Africa	Prediction on life expectancy changes in face of HIV/AIDS and other infectious diseases
Mail & Guardian	Feature	10 — 16/09/99	David Gough	Aids vaccine tests positive	Long-term, non-progressing sex workers may hold key to vaccine approach

Table 1.2 Coverage of HIV/AIDS in South African newspapers 1999 – 2000
Cape and Weekend Argus

Publication	Article type	Date	Author	Headline	Angle
Cape Argus	Column	31/10/00	Kevin Osborne	A missed opportunity to tackle stigma	Presidential spokesperson, Parks Mankahlana, was in an ideal position to help break the stigma around HIV/AIDS but he remained silent
Weekend Argus (Saturday)	News	28/10/00	Estelle Randall	DA goes after cheaper Aids drugs	Democratic Alliance intends to negotiate directly with drug companies for cheaper AIDS drugs
Cape Argus	News	24/10/00	Sapa	Early intervention key to dealing with AIDS— minister	Ministry of Health releases HIV/AIDS guidelines and recommends early action to treat opportunistic diseases
Cape Argus	News	22/10/00	Sapa	US cosmetics firm joins fight against AIDS	US cosmetics firm donates R1,9 million to United Nations Development Programme for HIV/AIDS grassroots projects
Weekend Argus (Saturday)	News	22/10/00	Independent Foreign Service	Breakthrough in Aids vaccine efforts	DNA vaccine shows promise in US animal studies
Weekend Argus (Saturday)	News	21/10/00	Douglas Carew	Aids activists threaten to flood SA with generics	Activists will break the law to access needed medication
Weekend Argus (Saturday)	News	21/10/00	Sapa-AFP	16-year-olds lead the way to safer sex	Durex survey shows people are having sex earlier but are also using condoms

Weekend Argus (Saturday)	News	21/10/00	Tweet Gainsborough-Waring	Aids crisis in Cape puts strain on Lifeline	Number of calls concerning AIDS puts crisis lines under pressure
Weekend Argus (Saturday)	News	21/10/00	Steve Connor	Breakthrough in Aids vaccine efforts	DNA vaccine shows promise in animal models
Cape Argus	News	20/10/00	Parliamentary Bureau	AIDS drug row grabs centre stage in election campaign	Anti-AIDS drugs set to be key election issue
Cape Argus	News	20/10/00	Elliot Sylvester	Bid for green light on cheap generic drugs	Treatment Action Campaign appeals for exemption to dispense cheap generics
Cape Argus	News	19/10/00	Alan Braddish	New cottage for HIV kids at Nazareth House	New home for HIV-positive children and orphans in Cape Town
Cape Argus	News	19/10/00	Sapa	Smuggling of AIDS drug under attack	Health Minister condemns smuggling of drugs
Cape Argus	News	18/10/00	Di Caelers	Province seeks cheaper AZT deal	Western Cape Minister of Health set to negotiate with drug companies
Cape Argus	News	18/10/00	Sapa	Activists smuggle in HIV drug	Treatment Action Campaign imports generic drug
Cape Argus	News	17/10/00	Di Caelers	<i>LoveLife</i> sex talk goes on trial	Advertising Standards Authority examines <i>LoveLife</i> 's explicit AIDS awareness campaign
Cape Argus	Column	17/10/00	Kevin Osborne	Politicians pay only lip service to crisis	World leaders need to take tangible action such as cancelling international debt
Cape Argus	News	10/10/00	Staff reporter	Rapists may pay for infecting victim	Two convicted rapists may be punished for infecting victim with HIV

Weekend Argus (Saturday)	Feature	07/10/00	Carol Lazar	Cheeky smiles from society's outcasts	AIDS orphans are like lepers of old
Cape Argus	News	06/10/00	Yolanda Mufweba	HIV-positive Faghmeda is the Woman of Courage	First Muslim woman to openly declare her HIV status wins <i>Femina</i> Woman of Courage award
Cape Argus	News	05/10/00	Di Caelers	Medical chief ducks Mbeki role in HIV row	MRC President, Makgoba, announces first HIV vaccine clinical trials
Cape Argus	News	29/09/00	Unknown	Cooldrink cans help prevent spread of HIV	MRC researchers announce pasteurization method to kill HIV in breastmilk
Cape Argus	Column	19/09/00	Kevin Osborne	Infected and affected must join the fight of our lives	People's reactions allow us to search for answers and explore our values
Cape Argus	News	05/09/00	Carol Campbell	'Time to look to our heritage for AIDS cure'	Traditional herbs like the cancer bush can offer relief to AIDS sufferers
Cape Argus	Column	22/08/00	Kevin Osborne	SA's media should get off the fence and take a stand	Media needs to cover realities of HIV/AIDS rather than pandering to theoretical debates
Cape Argus	Editorial	31/07/00	Editor	Sisulus lead the way again	Sisulus praised for openness in admitting family member died of AIDS
Cape Argus	News	21/07/00	Moses Mthethleli Mackay	Some teachers fear AIDS awareness will prompt promiscuity — Zille	Western Cape Education Minister outlines some of the challenges of HIV/AIDS education

Cape Argus	Feature	19/07/00	Karyn Maughan	Youngsters tackle AIDS at the roots	Student Partnership Worldwide trains volunteers as peer counsellors
Cape Argus	News	18/07/00	Staff reporter	AIDS drug awaiting approval	Final decision on use of Nevirapine depends on Medicines Control Council findings
Cape Argus	Feature	17/07/00	Jeanne Viall	Prejudiced employers paying off HIV workers	"Cheque book dismissal' of HIV-positive employees is on increase
Cape Argus	News	13/07/00	Health writer	R100m boost for SA research	MRC granted funding to establish prevention and vaccine trial units
Cape Argus	News	12/07/00	Health writer	Docs pave way for key SA trials	MRC moves to prepare South Africans for vaccine trials
Cape Argus	Feature	11/07/00	Candice Talberg	Can politicians save us from HIV?	Four major political parties give their views on HIV/AIDS
Cape Argus	News	28/06/00	Staff reporter	AIDS death knell for SA teenagers	UN statistics say half of SA's current group of 15-year-old males will die of AIDS
Cape Argus	Column	27/06/00	Kevin Osborne	Money spent unwisely costs lives	HIV drug prices are often higher in Africa than developed world
Cape Argus	News	27/06/00	Reuters	Pulling back from the abyss	Nearly every family in Malawi has lost someone to AIDS
Cape Argus	Feature	22/06/00	Jenny Hope	Shock facts on teen sex	More and more teenagers are embarking on sexual relationships at an earlier age

Cape Argus	News	22/06/00	Taariq Halim	UWC denies that 40% of students are HIV-positive	Academic institution denies claim regarding infected students — says it's more likely 10 — 20%
Cape Argus	Feature	20/06/00	Lawrence Summers	SA shows the way for the continent	US Treasury Secretary gives his views on major issues facing SA and Africa
Cape Argus	News	20/06/00	Staff reporter	Education the focus in cash-strapped AIDS fight	Youth will be target of new government five-year plan
Cape Argus	News	14/06/00	Jeanne Viall	AZT programme on track in Cape	Controversial mother-to-child transmission project is running smoothly
Cape Argus	News	09/06/00	Clive Sawyer	Health, education get R63m shot in arm for AIDS projects	Departments of Health and Education receive increased budget for AIDS projects
Cape Argus	Feature	08/06/00	Di Caelers	Incest raises spectre of HIV for elderly	Specialists in abuse of elderly address parliament's welfare committee
Cape Argus	News	08/06/00	Reuters	Sex trade on border patrol	Women 2000 conference hears of child prostitution
Cape Argus	News	18/05/00	Staff reporter, SAPA	SA sends home HIV miners 'in ignorance'	SA sends home miners without informing them of their HIV-positive status
Cape Argus	News	17/05/00	Di Caelers	State urged to secure cheap anti-HIV drugs	Call on government to negotiate with drug companies
Weekend Argus (Sunday)	News	14/05/00	Adele Baleta	SA health chiefs 'not impressed' by cheaper Aids drugs	SA health officials accuse UN of excluding African countries from drug deal negotiations
Cape Argus	Editorial	10/05/00	Editor	Final visit to dying lover	Prisoner granted permission to visit lover dying of AIDS

Cape Argus	News	09/05/00	Estelle Ellis	Gay inmate's love battle	Prison authorities allow visit to dying lover
Cape Argus	News	09/05/00	Staff reporter	SAA defends HIV decision	SAA did not employ HIV-positive man because he couldn't be inoculated for yellow fever
Cape Argus	News	08/05/00	Zubeida Jaffer, Charles Phahlane	MP dies of Aids-related condition	ANC announces MP died of AIDS
Cape Argus	News	02/05/00	Helen Bamford	Council tackles AIDS at work	City of Cape Town trains peer educators
Cape Argus	News	28/04/00	Reuters	The deadliest horsemen of Ethiopia's apocalypse	AIDS is killing 800 people a day in Ethiopia
Cape Argus	Column	26/04/00	Kevin Osborne	Drugs maintain a lifeline of hope	Although complications remain, drugs are the catalyst to people resuming a normal life
Weekend Argus (Sunday)	News	14/04/00	Thami Ngidi	MPs challenged to break 'stigma' over HIV infection	ANC MP challenges parliamentarians to break their silence on HIV infection
Cape Argus	Column	11/04/00	Kevin Osborne	Please spend money marked for AIDS	Government fails to spend funds allocated for HIV/AIDS
Cape Argus	News	28/03/00	Di Caelers	Cut price or face action, drug giant told by AIDS campaign	Treatment Action Campaign tackles drug company, Pfizer, over drug fluconazole
Cape Argus	News	23/03/00	Staff reporter	New hope for HIV mothers	Approval for single-dose drug to prevent mother-to-child transmission
Cape Argus	News	23/03/00	Di Caelers	TB in Western Cape is 'still an emergency'	Growing incidence of HIV and TB
Weekend Argus (Saturday)	News	23/03/00	Nazma Dreyer	300 pleas for Aids funds — and only Branson replies	Celebrities ignore pleas for help to fight HIV/AIDS

Cape Argus	News	20/03/00	Moshoeshoe Monare	AIDS comedy in the pipeline	Government investigates possibility of AIDS comedy series
Cape Argus	Column	13/03/00	Kevin Osborne	Sufferers are an untapped resource in fighting AIDS	PWAs have a specialised role in education and advocacy
Weekend Argus (Saturday)	News	11/03/00	Adele Baleta	HIV infection rate up in W Cape	Rate of infection in teenage girls increases by two-thirds
Weekend Argus (Saturday)	News	11/03/00	Christopher Morgan, Jack Grimston	English priests break silence on Aids among clergy	British clerics break ranks to reveal number of AIDS deaths
Cape Argus	News	09/03/00	Political correspondent	Dept of Health fails to spend 40% of HIV/AIDS budget	Health department under fire for failing to spend AIDS allocation
Weekend Argus (Saturday)	News	01/03/00	Sunday Times (London)	Doctors hope to cut Aids off at source	Circumcision may reduce HIV transmission
Weekend Argus (Saturday)	News	26/02/00	Phindile Ngubane	Public service haunted by spectre of Aids	More than 100 000 civil servants are already infected
Cape Argus	Feature	22/02/00	Dean E Murphy	Youth in crusade to fight dying young	Zimbabwe youth pledge to donate AIDS-free blood
Cape Argus	News	15/02/00	Di Caelers	Safe sex a priority in W Cape	Western Cape Health Minister promotes safer sex
Cape Argus	Column	8/02/00	Kevin Osborne	Condoms without prejudice	Abstinence advocates and condom campaigners should have a similar goal – HIV prevention
Cape Argus	News	10/02/00	Di Caelers	R30-million of hope for HIV children	Children's home for HIV-positive children and orphans receives funding

Cape Argus	Feature	10/02/00	Di Caelers	Only all-out battle can head off looming AIDS catastrophe, SA told	Window of opportunity is passing unless SA institutes intervention soon
Cape Argus	News	07/02/00	Di Caelers	R600m AIDS project starts in Botswana	Bristol-Myers Squibb sinks funding into research and community outreach programmes
Weekend Argus (Saturday)	News	05/02/00	Adele Baleta	Aids tests for schoolkids	Voluntary HIV tests to start at schools to improve baseline figures
Cape Argus	News	04/02/00	Di Caelers	Ginwala signs her name to <i>loveTrain</i>	Celebrities add their names to an initiative aimed at changing teenage behaviours
Cape Argus	News	03/02/00	Di Caelers	State urged to clarify powers, purpose of new AIDS council	AIDS activists call on government to clarify role of controversial AIDS advisory group
Cape Argus	News	03/02/00	Health writer	HIV stats out next month	Western Cape HIV figures expected to show slight increase
Cape Argus	Feature	03/02/00	Unknown	The plain and simple facts for South Africa's vulnerable teens	Launch of <i>LoveLife</i> campaign aimed at teenagers
Cape Argus	Feature	03/02/00	Di Caelers	Jump on the <i>LoveLife</i> train	Launch of <i>LoveTrain</i> – a moving campaign to promote positive sexual behaviours among youth
Cape Argus	News	02/02/00	Reuters	Oral sex unsafe, survey finds	Gay men becoming infected via oral sex
Cape Argus	News	17/01/00	Sapa	Runaway AIDS alert	SA's population set to drop by 71% in next ten years

Cape Argus	News	14/01/00	Helen Bamford	R25m shot in arm for SA anti-AIDS vaccine hunt	Budget for vaccine research increased
Cape Argus	News	04/12/99	Sapa-AP	Russia will produce new drug to fight Aids	New AIDS drug may replace AZT
Cape Argus	Feature	01 – 24/12/99	Roy Peter Clarke	Three little words	A narrative about the breakdown of a relationship due to HIV/AIDS
Cape Argus	News	02/12/99	Reuters	Generic drug companies gain ground in patent battle	US may soften stand on US drug company patents
Cape Argus	News	02/12/99	Jeanne Viall	AIDS activists rooting for Africa, says pioneer	Every week there are demonstrations in US calling for cheaper AIDS drugs for Africa
Cape Argus	Feature	01/12/99	Di Caelers	Faghmeda Miller, a woman of courage	HIV-positive Muslim woman turns personal tragedy to triumph
Cape Argus	Feature	01/12/99	Unknown	Coping with HIV/AIDS in daily life at school and work Answers to some common AIDS and HIV questions and worries	Step-by-step advice on coping with HIV/AIDS
Cape Argus	Column	01/12/99	Kevin Osborne	How we act counts more than red ribbons	We need to make the World AIDS Day theme real by listening
Cape Argus	News	01/12/99	Di Caelers	Politicking threat to W Cape AIDS fight	Disputes apparent in provincial health advisory committee
Cape Argus	News	01/12/99	Di Caelers	'No African Renaissance if virus goes unchecked'	Tygerberg Mayor warns of steady decline into poverty and misery
Cape Argus	News	01/12/99	Staff reporter	Rape suspects walk as victim dies of HIV	Teenage rape victim dies before assailants can be tried

Cape Argus	News	29/11/99	Health writer	SA business 'dragging its heels on planning for effects of AIDS'	Research shows business is barely planning for effects of HIV/AIDS
Cape Argus	Column	29/11/00	Kevin Osborne	Key questions in search for social immunity	Only in talking about the issues can we reach personal immunity
Cape Argus	Feature	24/11/99	Di Caelers	Grim warning on AIDS epidemic	United Nations report paints grim picture on AIDS death toll
Cape Argus	News	24/11/00	Di Caelers	Eskom leads by example	Eskom leads way in voluntary, anonymous testing of employees
Cape Argus	News	23/11/99	Jeanne Viall	Circumcision may cut to the core of AIDS	Circumcision could play a part in preventing infection
Weekend Argus (Saturday)	News	20/11/99	<i>The Times</i> (London)	Aids theory put to the test	Polio vaccine batch to be tested to settle controversial theory on origins of AIDS
Cape Argus	News	18/11/99	Di Caelers	Team to draft master plan for AIDS orphans	NGOs and government departments come together to draft plan
Cape Argus	News	15/11/99	Di Caelers	Rising AIDS toll starts to hit business in pocket	HIV/AIDS sick leave and health care costs start to hurt businesses
Cape Argus	News	04/11/99	Reuters	'Simple' approach may be key to stopping AIDS	Italian researchers believe stopping Tat protein might be key to successful vaccine
Cape Argus	News	03/11/99	Di Caelers	AIDS tops list of SA health care challenges	Most South Africans regard HIV/AIDS as the most pressing health issue
Cape Argus	News	03/11/99	Sapa-AFP	Malawi breaks silence on AIDS with style	Malawi's president announces 5-year plan to combat HIV/AIDS

Cape Argus	Feature	03/11/99	Wilcliff Sakala	Where sex means food on the table	Zambian schoolgirls provide for families by selling sex
Cape Argus	News	14/10/99	Di Caelers	Call to act on AIDS treatment for mums	Cost of caring for HIV-positive children makes use of antiretrovirals for mums look like the best option
Cape Argus	Feature	14/10/99	Jeanne Viall	HIV mum's words of hope	HIV-positive mum tells her story to offer hope to others
Cape Argus	Feature	14/10/99	Unknown	AZT helps — but mothers need more	An outline of the complications of mother-to-child transmission
Cape Argus	News	13/10/99	Di Caelers	MPs challenged to disclose HIV status	AIDS activists throw down the gauntlet to MPs to lead by example
Cape Argus	News	12/10/99	Sapa	Population explosion defused — but now SA faces AIDS disaster	AIDS-related mortality set to have a more devastating effect that overpopulation
Weekend Argus (Saturday)	News	09/10/99	Adele Baleta	New television series on Aids shows that we can 'beat it'	New television series relies on HIV-positive presenters
Weekend Argus (Saturday)	News	09/10/99	Reuters	Blood from HIV-positive donor infects 2 in Japan	Red Cross Society blood infects two in Japan
Weekend Argus (Saturday)	News	09/10/99	Reuters	US aims to eliminate syphilis—rates are now at an all-time low	Low rate of syphilis in USA makes it possible to eliminate the disease completely
Weekend Argus (Saturday)	News	09/10/99	Adele Baleta	Demand outstrips condom supply	AIDS message is catching on as demand for condoms outstrips supplies
Cape Argus	Column	04/10/99	Kevin Osborne	Time for politicians to put their money where their mouths are	Government must move to action and deliverables

Table 1.3 Coverage of HIV/AIDS in South African newspapers
Daily News — conference coverage only, 10 —14 July 2000

Publication	Article type	Date	Author	Headline	Angle
Daily News	News	14/07/00	Ishani Bechoo, Barbara Cole, Elijah Mhlanga, own correspondents, SAPA and AP	New Aids drug hopes	Nevirapine is cheaper and shows good results in preventing mother-to-child transmission
Daily News	News	14/07/00	Barbara Cole	New condom container	New, easy-to-carry condom container launched at conference
Daily News	News	14/07/00	Des Parker, Ismail Suder	Delegates 'will come back despite muggings'	Most delegates to Durban conference expect to return despite crime
Daily News	Editorial	14/07/00	Editor	Use a condom	"Use a condom" should be the mantra of the AIDS conference
Daily News	Letter	14/07/00	Tom Smithers	Why all the fuss about keeping HIV/AIDS a secret?	AIDS should be made a notifiable disease
Daily News	Feature	14/07/00	Michelle Galloway	AIDS poses ethical dilemmas	No disease has challenged the ethical and moral principles of our society quite like HIV/AIDS — says Malegapuru Makgoba, MRC President
Daily News	News	14/07/00	AIDS 2000 key correspondent	Mexico pushes to host the next one	Mexico lobbies to hold 2004 AIDS conference
Daily News	News	14/07/00	AIDS 2000 key correspondent	Making Africa's youth aware	Africa Alive launched at AIDS 2000

Daily News	News	14/07/00	Janet Howse	Discriminatory laws under fire	Activists oppose potential notification in SA
Daily News	News	14/07/00	AIDS 2000 key correspondent	Computers to condoms	Gates Foundation announces grant to AIDS research
Daily News	News	14/07/00	Michelle Galloway, Fred Sanders	World is ready to create AIDS vaccine	A review of vaccine research presented at AIDS 2000
Daily News	Feature	14/10/00	Martin Challenor	Channelling my anger	Interview with US AIDS activist Eric Sawyer
Daily News	Feature	14/07/00	Loshnee Pillay	Gay and proud of it	An interview with Zimbabwean AIDS activist Romeo Tshuma
Daily News	Feature	14/17/00	Manju Chatani	Time to shake things up	An interview with South African AIDS activist Musa Njoko
Daily News	News	14/07/00	Fred Sanders	Two schools of thought on ART	Delegates debate whether antiretrovirals should be administered in poor countries without infrastructure for monitoring
Daily News	News	14/07/00	Chris Bateman	Higher risk factor for drug users	The number of countries reporting intravenous drug use has risen since last AIDS conference — sub-Saharan Africa also now entering the picture
Daily News	News	14/07/00	Janet Howse	Africa's drug abuse statistics trickling in	Injecting drug use on the rise in Africa but statistics are poor
Daily News	News	14/07/00	Janet Howse	Media's role in reporting AIDS	The way media reports on HIV/AIDS impacts on public understanding — conference session discusses

Daily News	Feature	13/07/00	Ishani Bechoo, Sapa, AFP, Reuters	Vaccine 'only way to win war'	Vaccine development is main topic at conference as SA prepares for first trials
Daily News	Feature	13/07/00	Babara Cole	Yes, I have AIDS	Sylvia Vezi breaks her silence
Daily News	Letter	13/07/00	Basil Edge	Let us, for everyone's sake think deeper about Aids	Western experience has little relevance for AIDS problems of Africa
Daily News	Letter	13/07/00	Rev. Danny Chetty	Give help to the sick and hope to the dying	Letter to AIDS 2000 delegates
Daily News	Feature	13/07/00	Key correspondent	Abuse key factor in epidemic	Violence against women high on agenda as key factor in spreading HIV/AIDS
Daily News	News	13/07/00	Gary Dowsett, Peter Aggleton	Africa needs to face up to gay sex	Evidence from African countries points to existence of homosexually active males, and calls for preventive action
Daily News	News	13/07/00	Reuters	Young women most at risk	United Nations report shows young women worldwide are 50% more likely to become infected than males
Daily News	News	13/07/00	Michelle Galloway	Prevention for the short term	Peter Lampthey of Family Health International points to examples of prevention that work
Daily News	Feature	13/07/00	Dan Allman	Prostitutes deserve life benefits	Prostitution should be decriminalised and subjected to the same labour laws as other jobs including taxation
Daily News	News	13/07/00	Fred Sanders	Keeping the virus at bay	French study looks at adherence to antiretroviral therapy (ART)

Daily News	News	13/17/00	Fred Sanders	Renewed debate on AIDS therapy	Debate between benefits of early vs. late antiretroviral therapy swings back and forward
Daily News	Feature	13/07/00	Fred Sanders	Women face double jeopardy	HIV-positive women face extra dangers because of sexual power imbalances
Daily News	News	13/07/00	Key correspondent	People, not technology, drive AIDS response	Local partnerships are vital
Daily News	News	13/07/00	Peter Aggleton, Andrew Ball	Drug users aid spread of virus in Africa	There is growing evidence of HIV related to injecting drug use in Africa
Daily News	News	13/07/00	Daily News Reporter	Get connected for private help	Internet skills building course presented at conference
Daily News	News	13/07/00	Fred Sanders	Spreading safe sex opinions worldwide	Successful bar information provision service to be spread to other countries
Daily News	News	13/07/00	Loshnee Pillay	Female condom is the way	Female-controlled prevention methods receive attention
Daily News	News	13/07/00	Bradley Shabalala	Let's tackle this issue head on	Bisexual women falsely perceived as being at lower risk — all sexual orientations should practice safer sex
Daily News	News	12/07/00	Elijah Mhlanga, Ishani Bechoo, Thabo Masemolo, Sapa	Aids will end black majority — Minister's grim prediction	Minister Zola Skweyiya said AIDS could wipe out black majority in SA, however, this could be changed with a successful vaccine

Daily News	News	12/07/00	Prudence Mbatha	Youth most vulnerable to Aids	<i>LoveLife</i> campaign spotlights vulnerable youth
Daily News	News	12/07/00	Ishani Bechoo	'Tackle Aids on a larger scale'	United Nations calls for war of liberation for HIV/AIDS
Daily News	News	12/07/00	Farook Khan	Rival Aids-drug giants in ICC wrangling	Fierce battle being fought between drug companies and activists over access
Daily News	Letter	12/07/00	Prematura Singh	Aids caused by ignorance	AIDS is rampant because of ignorance and lack of information
Daily News	Feature	12/07/00	Tim France, Adele Shevel	AIDS will hit economy hard	AIDS will lower GDP in hard-hit countries
Daily News	Feature	12/07/00	Janet Howse	Children are hard choice for HIV+ women	Conference looks at the difficult reproductive health choices faced by HIV-positive women
Daily News	Feature	12/07/00	Michelle Galloway	'Hold governments accountable'	Kenneth Roth of Human Rights Watch calls for a world forum to force governments to accept responsibility for HIV/AIDS
Daily News	Feature	12/07/00	Fred Sanders	Virus's quiet phase scrutinised	If the process of viral replication could be halted it would spell doom for the virus
Daily News	Feature	12/07/00	Loshnee Pillay	Never too young to spread the message	An interview with 10-year-old activist, Prupti Gilada, from India
Daily News	Letter	12/07/00	Jayshree Pillaye	Dear Mr President	A letter to Mbeki expressing anger at his speech at the opening of the conference

Daily News	Feature	12/07/00	Loshnee Pillay, Bradley Shabalala, Marilyn Bernard	Impressed by the conference and enjoying Durban	A survey of delegates' impressions
Daily News	Feature	12/07/00	Michelle Galloway	Telling your partner — two sides to story	Is non-disclosure of HIV status to a sexual partner a criminal offence?
Daily News	News	12/07/00	Michelle Galloway	Educate men in breastfeeding choice	Studies show men are an important influence on women's breastfeeding decisions
Daily News	News	12/07/00	Janet Howse	Is breast best — a controversial issue	Data on exclusive breastfeeding vs. bottle feeding remains inconclusive
Daily News	News	12/07/00	Mary Crewe	Involve youth in policy decisions	Health Minister of Canada says youth must be involved in formulating policy on HIV/AIDS
Daily News	Feature	12/07/00	Health-e News Service	What's the point of talking about it?	<i>LoveLife</i> survey shows violence, coercion and peer pressure, not love and romance, are features of teenage sex
Daily News	Feature	12/07/00	Health-e News Service	Sex, love and life	<i>LoveLife</i> aims to break taboos about sexuality
Daily News	Feature	12/07/00	Anso Thom	Denial did not make it disappear	An interview with Mpho Mabusi
Daily News	Feature	12/07/00	Anso Thom	An untimely death	An interview with Busisiwe Maqungo
Daily News	Feature	12/07/00	Jo Stein	Appreciating every day	An interview with Brett Anderson

Daily News	Feature	12/07/00	Health-e News Service	Getting up close and personal	Teenagers respond to question "Would you use, or ask your partner to use, a condom?"
Daily News	Feature	12/07/00	Health-e News Service	Legal rights of people living with HIV	HIV-positive South Africans can find extensive protection in the Bill of Rights
Daily News	News	11/07/00	Ishani Bechoo, Sapa, Reuters	Proof Aids drugs work	Conference will hear that Nevirapine is effective for halting mother-to-child transmission
Daily News	News	11/07/00	Farook Kahn	Judge hits at high drug costs	Judge Edwin Cameron opens photo exhibition with appeal for reduced drug costs
Daily News	News	11/07/00	Correspondent	1600 new infections a day	SA's infection rate continues to climb
Daily News	News	11/07/00	Barbara Cole	Sex workers share their stories	It's vital to involve sex workers at international conferences
Daily News	News	11/07/00	Barbara Cole	Guard your property, say police	Delegates warned to safeguard valuable property against crime
Daily News	Column	11/07/00	Phumelele Ntombela-Nzimande	Real work on Aids starts afterwards	Challenge of prevention must begin in earnest after conference
Daily News	Column	11/07/00	Trusha Reddy	Aids: Let's start taking stock of our lives	Every sector, not government alone, needs to be accountable
Daily News	Feature	11/07/00	AIDS 2000 key correspondent	Access is the 'hot' issue	Judge Cameron becomes spokesperson for drug access in Africa

Daily News	News	11/07/00	Fred Sanders	Race the strongest predictor of HIV status	MRC study shows blacks are more likely than whites to be infected
Daily News	News	11/07/00	AIDS 2000 key correspondents	SADC ministers want deal on drugs	SADC ministers spell out their requirements to drug companies
Daily News	News	11/07/00	Unknown	High praise for organisers from Chair	Jerry Coovadia (conference chairperson) praises conference organisation
Daily News	News	11/07/00	Chris Bateman	SA 'should learn from Europe, US'	SA should learn from US and European experiences of using antiretrovirals
Daily News	News	11/07/00	AIDS 2000 key correspondents	Community response to Aids under fire	Community programme challenges communities to be a more powerful, stronger and accountable voice
Daily News	Feature	11/07/00	Janet Howse	'Government has failed to take Aids seriously'	March for treatment access attacks government inaction
Daily News	News	11/07/00	Fred Sanders	Control not eradication	Even when viral load is reduced to undetectable levels it is still not eradicated — but antiretroviral therapy can be used for long-term control
Daily News	News	11/07/00	Ishani Bechoo	No easy link between HIV and poverty	Spokesman from USAID says that poverty alone cannot cause AIDS
Daily News	News	11/07/00	Peter Aggleton	Role of social theory put under spotlight	Call for programmes to be more grounded in the 'lived' experiences of individuals and communities

Daily News	Feature	11/07/00	Kerry Cullinan	Let's talk about sex Famous parents talk about it How to start talking to your child about sex	Different approaches to talking about sex
Daily News	News	11/07/00	Carolyn Dempster	Ugandan youth turn back the tide	Multisectoral youth response pays dividends in Uganda
Daily News	Feature	11/07/00	Sue Valentine	Making clinics friendly to the youth	Adolescent-friendly Y-centres aim to assist youth to responsible sexual behaviours
Daily News	Feature	11/07/00	Health-e News Service	Getting up close and personal	Teenagers answer the question: 'How did you learn about sex?'
Daily News	News	10/07/00	Ishani Bechoo, Ismail Suder	Mbeki mum on his Aids stance	Mbeki fails to break silence on controversial HIV/AIDS views in conference opening speech
Daily News	News	10/07/00	Prudence Mbatha, Barbara Cole, Zanele Zungu	Love train comes to town	<i>LoveLife's</i> education and advocacy initiative — the <i>LoveTrain</i> arrives in Durban
Daily News	Editorial	10/07/00	Editor	Declaring war on Aids	Conference must not become a talkshop but must arrive at workable strategies for fighting back
Daily News	Column	10/07/00	Rev. Danny Chetty	We should all do something about Aids	Ordinary people must find practical ways to fight this disease
Daily News	Feature	10/07/00	Fred Sanders	Poor 'cut off' from treatment	Justice Edwin Cameron's impassioned plea for treatment access for the poor

Daily News	News	10/07/00	AIDS 2000 key correspondent	Openness and compassion	Aung San Suu Kyi appeals for people around the world to show more compassion in addressing AIDS
Daily News	News	10/07/00	AIDS 2000 key correspondent	\$500 million made available for Africa	World Bank is to spend \$500 million on a comprehensive programme for AIDS in Africa
Daily News	Feature	10/07/00	Nkululeko Nxesi	Speaking out	Nxesi outlines his expectations from conference
Daily News	Feature	10/07/00	Michelle Galloway	Effective and workable strategies	AIDS epidemic can be stopped by applying prevention strategies that work
Daily News	News	10/07/00	Fred Sanders	Condoms, education and drug therapy	Plenary reinforces idea of using strategies that work
Daily News	Feature	10/07/00	Loshnee Pillay, Bradley Shabalala, Marilyn Bernard	First impressions	A survey of delegates
Daily News	Feature	10/07/00	Community track chair	Interface between community and science	Community programme aims to break barriers between scientific goals and community needs
Daily News	News	10/07/00	AIDS 2000 key correspondent	'Time for drastic steps'	Satellite meeting on legal issues urges extraordinary measures to curb epidemic
Daily News	Feature	10/07/00	Kerry Cullinan	The impending catastrophe	This year SA can expect 120 000 AIDS funerals as poor and destitute are hardest hit
Daily News	Feature	10/07/00	Anso Thom	Destitute Feroza finds a place to die	Nkosi's Haven becomes home to destitute HIV-positive mum shunned by family and friends

Daily News	Feature	10/07/00	Sue Valentine	Manguzi family — a borderline existence	A family story
Daily News	Feature	10/07/00	Health-e News Service	Living positively in Sasolburg	Middle-class suburban lifestyle affected by HIV
Daily News	Feature	10/07/00	Anso Thom	The ABC of HIV transmission	How HIV is transmitted
Daily News	Feature	10/07/00	Health-e News Service	Up close and personal	Teenagers answer the question: 'Do you think there is a lot of pressure on young people to have sex before they are ready?'
Daily News	Feature	10/07/00	Jo Stein	Undermined by pessimism	Many youths have a resigned pessimism about avoiding HIV

Appendix E

Tables 2.1 to 2.7

Table 2.1 — Coverage of the Mbeki/dissidents' story in South African newspapers
— *Mail & Guardian*

Table 2.2 — Coverage of the Mbeki/dissidents' story in South African newspapers
— Independent newspapers (*Cape*) *Cape* and *Weekend Argus*, *Cape Times*

Table 2.3 — Coverage of the Mbeki/dissidents' story in South African newspapers -
Gauteng based — *The Star*, *Saturday Star* and *Business Day*

Table 2.4 — Coverage of the Mbeki/dissidents' story in South African newspapers -
Gauteng based — *Sowetan*, *City Press*, *Sunday Tribune*, *Pretoria News* and *Citizen*

Table 2.5 — Coverage of the Mbeki/dissidents' story in South African newspapers
— *Sunday Independent* and *Sunday Times*

Table 2.6 - Coverage of the Mbeki/dissidents' story in South African newspapers
— Miscellaneous

Table 2.7 — Coverage of the Mbeki/dissidents' story in South African newspapers
— Afrikaans — *Die Burger*, *Burger Oos Kaap*, *Beeld*, *Naweek Beeld*, *Volksblad* and
Bonus Volksblad

Note: The spelling and use of acronyms, etc. is kept as it appeared in the publication.

Table 2.1 — Coverage of the Mbeki/dissidents' story in South African newspapers — *Mail & Guardian*

Publication	Article type	Date	Author	Headline	Angle
Mail & Guardian	News	27/10 — 2/11/00	Howard Barrell	Parks: Presidency silent on HIV/Aids	Presidential spokesperson, Parks Mankahlana, who played a controversial role on the Mbeki/dissidents controversy dies after "a long illness"
Mail & Guardian	News	20 — 26/10/00	Howard Barrell	Mbeki's popularity plummets	Mbeki's stance on AIDS and other factors leads to declining popularity
Mail & Guardian	News	20 — 26/10/00	Barry Streek	Editor's assert independence	Independent Newspapers editors regain control of day-to-day content after advert row
Mail & Guardian	Letters (2)	20 — 26/10/00	Ed Rybicki, Andrew McKenzie	Take Rasnick up on his HIV challenge	Costa Gazi should take up Rasnick challenge to end the farce for ever
Mail & Guardian	Feature	20 — 26/10/00	Timothy Trengrove-Jones	A lot of criticism goes a long way	Mbeki admits his stand has caused confusion and removes himself from the debate
Mail & Guardian	News	13 — 19/10/00	Barry Streek	Uproar at Independent	Decision to publish AIDS advert sparks row between editors and publisher at Independent Newspapers
Mail & Guardian	Editorial	13 — 19/10/00	Editorial	Independent papers? My eye!	Critique of the actions of the management of Independent Newspapers

Mail & Guardian	Letter	13 – 19/10/00	David Rasnick	Infect me with HIV	Dissident David Rasnick challenges Costa Gazi to take antiretrovirals and he'll be injected with HIV
Mail & Guardian	Column	13 – 19/10/00	David Beresford	Look, they've got no clothes on	Mbeki, like Stalin, asserts an individual truth against a social truth
Mail & Guardian	Letter	13 – 19/10/00	Aziz Pahad	What are your objectives, Mr Barrell?	Deputy Minister of Foreign Affairs Aziz Pahad objects to Howard Barrell 'CIA' article
Mail & Guardian	News	13 – 19/10/00	Glenda Daniels	Rural poor 'aren't part of Aids debate'	Rural poor, who are hardest hit by AIDS, are not debating causal issues
Mail & Guardian	Feature	06 – 12/10/00	Belinda Beresford	None so blind as those who will not see	Dissident's arguments have little scientific merit
Mail & Guardian	Feature	06 – 12/10/00	Belinda Beresford	Myths and disinformation about the virus	Answering some of the dissident's questions
Mail & Guardian	Feature	06 – 12/10/00	Howard Barrell	Mbeki fingers CIA in 'AIDS conspiracy'	President claims Western interests seek to discredit him on HIV/AIDS issue
Mail & Guardian	Feature	06 – 12/10/00	Howard Barrell	What the president said	Summary of the president's speech to the ANC parliamentary caucus
Mail & Guardian	Feature	06 – 12/10/00	Thabo Mbeki, Tony Leon	What Leon and Mbeki had to say	Excerpts of letters exchanged between President Thabo Mbeki and Opposition Leader Tony Leon

Mail & Guardian	Column	29/09 — 05/10/00	Timothy Trengrove-Jones	Our democracy is under threat	It's a travesty of democratic government to allow people to die because of President's intransigence
Mail & Guardian	Column	29/09 — 05/10/00	David Beresford	The Mbeki paradox answered	Mbeki's approach to HIV/AIDS is that of an economist
Mail & Guardian	Editorial	15 — 21/09/00	Editor	Just say yes, Mr President	Condemning the Mbeki stance
Mail & Guardian	News	15 — 21/09/00	Nawaal Deane, Jaspreet Kindra, Belinda Beresford	Cabinet on AIDS: Ja, well, no maybe	Survey of cabinet ministers' opinions on HIV/AIDS link
Mail & Guardian	News	15 — 21/09/00	Belinda Beresford, Jaspreet Kindra, Nawaal Deane	ANC tries to limit the fallout	Internal ANC document asks Mbeki and Minister to publicly acknowledge HIV/AIDS link
Mail & Guardian	Feature	15 — 21/09/00	Timothy Trengrove-Jones	Aids tragedy turns to farce	Controversy reaches new depths with John Robbie interview
Mail & Guardian	Feature	15 — 21/09/00	Denise Ford	A startling level of scientific ignorance	President's incorrect scientific facts
Mail & Guardian	News	15 — 21/09/00	Denise Ford	The test	An explanation of HIV testing
Mail & Guardian	News	08 — 14/09/00	Paul Kirk	Govt Aids nut linked to Ku Klux Klan	Profile of William Cooper, author of <i>Behold a Pale Horse</i>
Mail & Guardian	News	08 — 14/09/00	Jaspreet Kindra, Glenda Daniels	Cosatu: End scientific speculation on HIV/Aids	Cosatu calls on government to clarify its position
Mail & Guardian	Feature	08— 14/09/00	Anonymous	All the president's scientists: Diary of a round-earthier	Panellist's diary
Mail & Guardian	Editorial	08 — 14/09/00	Editor	Leave John Robbie alone	Appeal to ANC to leave radio host John Robbie alone

Mail & Guardian	News	25 – 31/08/00	Ivor Powell, Belinda Beresford	Government digs in heels on Aids drugs	Government ignoring recommendation to use antiretrovirals for preventing mother-to-child transmission
Mail & Guardian	Column	28/07 – 03/08/00	Robert Kirby	Parks Mankahlana is no spin doctor	A look at Mbeki's spokesman's controversial remarks on HIV/AIDS
Mail & Guardian	Feature	28/07 – 03/08/00	Nono Simelela	Cherry-picking is the luxury of researchers	Mother-to-child transmission interventions
Mail & Guardian	Editorial	21 – 27/07/00	Editor	A failure to act now is genocide	Government must get its act together on HIV/AIDS
Mail & Guardian	Feature	14 – 21/07/00	Charlene Smith	Don't blame me – fight the plague	Smith's response to Mbeki who accused her of 'racist rage'
Mail & Guardian	News	07/07 – 13/07/00	M&G reporters	Awaiting the Durban declaration	Introduction to the Durban conference and declaration
Mail & Guardian	Editorial	09 – 15/06/00	Editor	Still failing to grasp Aids nettle	Mbeki's blunders on HIV/AIDS
Mail & Guardian	Feature	19 – 25/05/00	Sean Davison	Challenge to the dissidents	Dissident stand is negated by spread of AIDS in Africa
Mail & Guardian	Column	12 – 18/05/00	David Beresford	The fool, the plague and the president	A look at the Duesberg hypothesis
Mail & Guardian	Column	28/04 – 04/05/00	Michael Berger	Mbeki's Aids letter defies belief	Mbeki's letter to Clinton and other world leaders
Mail & Guardian	Feature	31/03 – 06/04/00	Ivor Powell	The self-styled Galileo of the modern age	Profile of Peter Duesberg
Mail & Guardian	Feature	31/03 – 06/04/00	Timothy Trengrove- Jones	Disarray in SA's HIV/Aids policy	Responses to HIV/Aids

Mail & Guardian	Feature	31/03 — 06/04/00	Anonymous	A former 'dissident' airs his views	Argument against the debate
Mail & Guardian	Feature	31/03 — 06/04/00	Parks Mankahlana	What the president said	Clearing the record
Mail & Guardian	Feature	31/03 — 06/04/00	Edwin Cameron	What the judge said	People with HIV/AIDS have most to lose if HIV/AIDS isn't handled properly
Mail & Guardian	Editorial	31/03 — 06/04/00	Editor	What's behind Mbeki's crusade?	Why a president shouldn't meddle in scientific debate
Mail & Guardian	Feature	24 — 30/03/00	Sean Davison	Challenge to the Aids dissident	A challenge to Peter Duesberg
Mail & Guardian	News	17 — 23/03/00	Khadija Magardie, David Le Page	SA's Aids doubts baffle the experts	The response of international orthodox scientists
Mail & Guardian	News	10 — 16/03/00	M&G reporters	Mixed messages from government	Confirmation of setting up of international panel
Mail & Guardian	Feature	10 — 16/03/00	David Le Page	Politicians unwilling to accept stubborn science	Confusion between political and scientific processes
Mail & Guardian	Feature	10 — 16/03/00	Mxolise ka-Mankazana	Irrational Aids debate rides rough-shod over patients	The effect of the debate on patients
Mail & Guardian	Feature	10 — 16/03/00	Anita Allen	The dissident view	The dissident viewpoint spelt out
Mail & Guardian	Feature	10 — 16/03/00	M&G reporters	The majority consensus	Clinicians reject view that HIV and AIDS are not causally linked
Mail & Guardian	Editorial	03 — 09/03/00	Editor	Bewildering change of mind on Aids	Panel should debate broader issues around HIV/AIDS
Mail & Guardian	Editorial	11 — 17/02/00	Editor	Aids exists. Let's fight it together	Call on Mbeki to provide political leadership to fight HIV/Aids

Table 2.2 — Coverage of the Mbeki/dissidents' story in South African newspapers — Independent newspapers (Cape) *Cape Argus*, *Weekend Argus* and *Cape Times*

Publication	Article type	Date	Author	Headline	Angle
Cape Argus	News	27/10/00	Clive Sawyer, Charles Phalane	First official narrator of new South Africa dies	Presidential spokesperson involved in controversial remarks regarding HIV/AIDS dies
Cape Argus	News	27/10/00	Troye Lund	Mbeki's message halts rand fall	Optimistic speeches designed to rehabilitate president's image after HIV/AIDS stance assists in reducing negative economic sentiment towards SA
Cape Argus	News	20/10/00	Political staff and SAPA	Mbeki support takes a tumble	HIV/AIDS stance contributes to declining popularity
Cape Argus	Column	18/10/00	Kaizer Nyatsumba	Still time for Mbeki to turn around wave of negative publicity	Instead of acting decisively on HIV/AIDS government has dithered and played political games
Cape Argus	News	18/10/00	Unknown	Editors' control affirmed by group	Independent Newspapers issues statement on relations between management and staff regarding AIDS advert
Weekend Argus (Saturday)	Column	14/10/00	William Saunderson-Meyer	Arrogance — the virus bugging Mbeki	In Mbeki's case the virus is arrogance and the syndrome is the destruction of the social fabric of South Africa
Weekend Argus (Saturday)	News	14/10/00	Sapa	Aids dissident issues challenge to SA doctor	David Rasnick says he will be injected with HIV if Costa Gazi will begin a lifetime course of triple therapy

Cape Argus	News	13/10/00	Staff reporter	Union enters into Aids ad row	South African Union of Journalists criticises Independent Newspapers for placing government ad free of charge
Cape Argus	News	11/10/00	Parliamentary Bureau	Raucous House sees battle to stalemate in great AIDS debate	Government and opposition fails to come together on approach to tackling HIV/AIDS
Cape Argus	Letter	11/10/00	Marion Morkel	Young people are getting false notions about HIV	Politicians need to give a clear, unambiguous message to eliminate confusion
Cape Argus	News	10/10/00	Parliamentary bureau	Disease crisis debate resumes at DA request	Opposition Leader, Tony Leon, continues debate over HIV/AIDS response in National Assembly
Cape Argus	News	10/10/00	Staff reporter	Free advertisement 'in the public interest'	Government ad to clarify stance on HIV/AIDS was printed free by Independent Newspapers "in the public interest"
Cape Argus	News	10/10/00	Sapa	People are getting AIDS message, says Zuma	Deputy President sketches clear link between HIV/AIDS
Cape Argus	News	09/10/00	Phindile Ngubane	Mbeki only cares about HIV within ANC — Leon	MPs access antiretrovirals while Mbeki refuses to authorise their use because of lack of scientific evidence of their effectiveness
Cape Argus	News	06/10/00	Clive Sawyer, Adrian Hadland	Thabo & Tony's poison pens	Correspondence between President Mbeki and Tony Leon includes HIV/AIDS issue
Cape Argus	News	06/10/00	Unknown	Mbeki approval for state AIDS campaign	Government launches new HIV/AIDS campaign based on premise that HIV causes AIDS

Cape Argus	Column	06/10/00	Adrian Hadland	Is our president really one sandwich short of a picnic?	Columnist from <i>The Spectator</i> suggests President Mbeki is "off his rocker"
Cape Argus	News	05/10/00	Di Caelers	Medical chief ducks Mbeki role in HIV row	MRC President diverts questions from the HIV/AIDS controversy at press conference
Cape Argus	Feature	05/10/00	Lynn Morris	'Why there is simply no doubt that HIV causes AIDS'	HIV/AIDS researcher, Lynn Morris, responds to article by Martine Barker and presents scientific evidence that HIV causes AIDS
Cape Argus	News	04/10/00	Robert Brand	ANC, president face 'massive propaganda onslaught' over AIDS	ANC claims the HIV/AIDS controversy was result of a propaganda onslaught against ruling party and government
Cape Argus	News	03/10/00	Di Caelers	Mbeki 'must apologise or prove claims'	The Treatment Action Campaign responds to Mbeki claim that they receive pharmaceutical company funding and that the theory that HIV causes AIDS plays into hands of pharmaceutical industry
Cape Argus	Column	03/10/00	Kevin Osborne	I am proof of what causes AIDS	Columnist uses his own experience to argue that a virus causes AIDS
Weekend Argus (Saturday)	Letter	01/10/00	Joey Marks	Give Mbeki's Aids theory a chance	Discourse should continue to understand other causative factors
Cape Argus	Column	21/09/00	Max du Preez	What the ordinary man knows about the AIDS debate	How the debate affects ordinary South Africans

Cape Argus	Column	21/09/00	Adrian Hadland	Mr Reasonable plays it pianissimo in a rare guest performance for House	Analysis of question time in the House and Mbeki response to HIV/AIDS question
Cape Argus	News	21/09/00	Charles Phahlane	We muddied waters on AIDS, says Mbeki	Mbeki admits that government's stand may have caused confusion
Cape Argus	News	20/09/00	Charles Phahlane	Mbeki in hot seat today	Mbeki faces parliamentary questioning on HIV/AIDS stance
Cape Argus	News	19/09/00	Staff reporter	State accused of backing employers	Feedback from COSATU conference and their challenge to government to clarify HIV/AIDS question
Cape Argus	News	15/09/00	Khathu Mamaila, Robert Brand	What I really think about HIV – Mbeki	Mbeki forced to clarify his position by media and political pressure
Cape Argus	Advert	15/09/00	Government Communications	Response to enquiries and comments on HIV/AIDS	Statement issued by Government Communication and Information Service to clarify government's stance (appeared in most Independent Group dailies)
Cape Argus	Column	15/09/00	Adrian Hadland	President's HIV conundrum has ministers on the hop	Cabinet ministers put in difficult position by President's stand
Cape Argus	News	14/09/00	Phindile Ngubane	Whips ask President to clarify AIDS stance to ANC caucus	ANC whips want Mbeki to publicly acknowledge that HIV causes AIDS
Cape Argus	News	14/09/00	Chimaimba Banda	I'm sorry, says John Robbie	Talkshow host John Robbie apologises to Health Minister Manto Tshabalala Msimang

Cape Argus	News	06/09/00	Unknown	Radio host rubbishes Minister in AIDS bust-up	Radio interview descends into fiery row
Weekend Argus (Saturday)	Feature	19/09/00	Adele Baleta	Save our children, Mr Mbeki	The harsh realities of government's refusal to provide antiretrovirals
Cape Argus	Feature	16/08/00	Martine Barker	The great AIDS debate: What's it all about?	An examination of the role of poverty and the dissident view of HIV/AIDS
Cape Argus	Column	27/07/00	Max du Preez	We can't kill AIDS, but we can kill poverty if we really want to	Poverty can be eradicated
Weekend Argus (Saturday)	Feature	22/07/00	Anthony Holiday	A luxury we cannot afford	Clinging to Africanist rhetoric is a luxury we cannot afford in the face of HIV/AIDS
Cape Argus	News	11/07/00	Health writer	State denies job threat	Were the jobs of signatories to Durban declaration threatened?
Weekend Argus (Saturday)	Feature	08/07/00	Unknown	Will Mbeki do the right thing?	Speculation about the content of Mbeki's speech at the opening of the XIII th International AIDS Conference
Cape Argus	News	05/07/00	Staff reporter	Taxpayers to foot bill	Taxpayers to pay for testing accuracy of HIV tests
Weekend Argus (Saturday)	Feature	24/06/00	Anthony Holiday	Aids — not racism — is destroying the nation	Mbeki's concern with racism masks a deeper concern with AIDS
Cape Argus	News	14/06/00	Clive Sawyer	Opponents spar in Presidency debate	National Assembly debate focuses on AIDS and Zimbabwe
Weekend Argus (Saturday)	News	27/05/00	Rich Mkhondo	Mbeki 'misunderstood' in US	AIDS controversy dominates Mbeki's US tour

Cape Argus	News	23/05/00	Reuters	Presidents soft-pedal AIDS tiff	Meeting between Mbeki and Clinton avoids covering HIV/AIDS controversy
Cape Argus	Feature	11/05/00	Vivien Horler	The great AIDS debate	Is knowing the cause of AIDS necessary to fight it?
Cape Argus	News	10/05/00	Di Caelers	State health chiefs back HIV/AIDS link	Director General of Health, Ayanda Ntsaluba, and National Director of HIV/AIDS, Nono Simelela, admit to HIV/AIDS link
Cape Argus	Editorial	09/05/00	Editor	The President's AIDS panel	Mbeki's wisdom in entering this debate will be judged by panel's report
Cape Argus	News	08/05/00	Vivien Horler	Leading dissidents join SA inquiry into HIV-AIDS connection	Dissidents and orthodox to be members of 4-person taskteam to set up experiments to establish whether HIV infection leads to AIDS
Weekend Argus (Sunday)	News	07/05/00	Thami Ngidi	Makgoba doesn't mince his words as he warns politicians not to mess with science	Malegapuru Makgoba, MRC President, warns politicians that meddling in science may have disastrous consequences
Cape Argus	News	05/05/00	Charles Phahlane	AIDS panel will split, says Gazi	PAC spokesman on health, Costa Gazi expects two reports to emerge from panel
Cape Argus	Letter	04/05/00	Fred Sanders	Media adds fuel to fire of AIDS debate	Response to Jeanne Viall article
Cape Argus	Feature	24/04/00	Nick Koornhof	This is no time to argue over AIDS	Frivolous debate is wasting years of education and resources

Cape Argus	Feature	24/04/00	Jeanne Viall	A truth that could set us free	Mbeki should be applauded for allowing questioning
Cape Argus	Feature	24/04/00	Jeanne Viall	Why is everyone ignoring the long-term effects of AZT?	A look at research into AZT by Anthony Brink (dissident)
Weekend Argus (Saturday)	News	22/04/00	Charles Phahlane	Don't meddle in scientific issues, politicians told — HIV/AIDS furore 'will have dire consequences'	MRC President warns of consequences of politicians meddling in science
Cape Argus	News	11/04/00	Reuters	Plea to save AIDS talks	Head of the International AIDS Vaccine Initiative calls plans to boycott Durban conference irresponsible
Cape Argus	News	05/04/00	Staff reporter	Threat to boycott AIDS conference 'not a first'	Threat by British scientists to boycott AIDS conference because of Mbeki stance
Cape Argus	News	04/04/00	Staff reporter	AIDS summit faces boycott	Conference organisers reassure potential attendees
Weekend Argus (Saturday)	Editorial	01/04/00	Editor	Still dithering over AIDS	AIDS campaign needs clear national leadership, not controversy
Cape Argus	Feature	28/03/00	Tony Spencer Smith	Slow train to disaster	Urgent need to stop talking and take action
Cape Argus	News	01/03/00	Sapa	Uproar over possible HIV reappraisal	Local doctors incredulous about potential panel to reappraise HIV/AIDS link
Cape Argus	News	17/11/99	Clive Sawyer	Health minister takes hard line on AZT treatment	Health Minister tells National Assembly that AZT can never be a cure for AIDS

Cape Argus	News	10/11/99	Health writer, Reuters	Human rights body targets State on AZT	Government may face Constitutional Court challenge on AZT
Cape Argus	News	29/10/99	Clive Sawyer	Mbeki raises fears on AZT — and doubts on its benefits	President and Health Minister say AZT is harmful to health and has not been proven to work for rape victims
Cape Argus	News	02/11/99	Sapa	Doctor tackles Mbeki over AZT	Formal complaints lodged against government for claiming AZT is dangerous
Cape Times	News	11/10/00	Judith Soal	Heat of Aids debate unlikely to cool soon	Parliamentary debate on HIV/AIDS hots up
Cape Times	Feature	10/10/00	Robert Brand	The president, the opposition leader and the conspiracy theory	Review of letters exchanged between Mbeki and Tony Leon
Cape Times	News	21/09/00	Robert Brand, Phindile Ngubane	Mbeki clarifies position on HIV	Mbeki admits that government policy is based on thesis that HIV causes AIDS but that questions do remain, and admits that stance has caused confusion
Cape Times	Editorial	18/09/00	Editor	Try again, to be less confusing	Government communication needs to be much clearer and needs to stop blaming media for misinterpretation
Cape Times	News	18/09/00	Health writer, Sapa	Govt, editors to meet on HIV/Aids	Meeting with newspaper editors called for to address communication breakdown on HIV/AIDS

Cape Times	News	14/09/00	Judith Soal	ANC challenges Mbeki on Aids	Leaked ANC document calls on Mbeki and Minister to publicly acknowledge that HIV is the cause of AIDS
Cape Times	Letter	19/05/00	Adeline Mangcu	Aids war will not be won by debates but by action	People living with AIDS must be part of decision making
Cape Times	News	08/05/00	Julian Rademeyer, Zubeida Jaffer	Clinton adds to Mbeki's Aids panel	US government asks for additional panel members
Cape Times	News	08/05/00	Judith Soal	Panel to set up HIV experiment	Taskteam to investigate experiments to clarify cause of AIDS
Cape Times	News	01/03/00	Judith Soal	Dissidents could be on expert Aids panel	AIDS organisations dismayed by flirtation with dissidents
Cape Times	Editorial	08/05/00	Editor	Make my day, prove me wrong	Evenly divided panel unlikely to reach consensus
Cape Times	News	17/11/99	Judith Soal	Some facts, but the big drug questions are left hanging after health minister's address	Minister reviews scientific data on antiretrovirals but adds nothing new to debate
Cape Times	News	17/11/99	Judith Soal	Challenge to AZT maker	Thailand attempts to break international patents to produce cheaper generics

Table 2.3 — Coverage of the Mbeki/dissidents' story in South African newspapers — Gauteng based — *The Star*, *Saturday Star* and *Business Day*

Publication	Article type	Date	Author	Headline	Angle
The Star	Feature	11/05/00	Molefi Sefularo	Aids: salute Mbeki for listening to both sides	Debate is one of best things that could happen in SA for battle against HIV/AIDS
The Star	Feature	10/05/00	Zubeida Jaffer	Uneasy truce in great Aids debate	Dealing with AIDS could make or break Mbeki
The Star	News	08/05/00	Julian Rademeyer, Zubeida Jaffer, Sapa/AFP	Aids rivals devise way to settle dispute	Announcement of series of experiments to settle HIV/AIDS causation
Saturday Star	Feature	06/05/00	Thami Ngidi	'Leave Aids to the experts'	MRC President Makgoba criticises politicians for interfering in science
The Star	News	05/05/00	Own correspondent	Leading figures on Aids panel	Who's who of the AIDS panel
The Star	Feature	02/05/00	Robert Laing	President Mbeki was right after all	Mbeki was right in taking on pharmaceutical companies
Saturday Star	Feature	29/04/00	Rich Mkhondo	Aids calls for strong medicine	All views should be revisited until we have all the answers
The Star	Editorial	25/04/00	Editor	Aids: what's happening	It may be wiser to stay with the conventional view
The Star	News	22/04/00	Charles Phahlane	Makgoba slates politicians who meddle in science	MRC President Makgoba argues debate could undermine science
The Star	News	20/04/00	Lynne Altenroxel, Reuters	Mbeki's Aids stance stuns US government	Mbeki's letter to Clinton lambasted

The Star	Feature	19/04/00	Zweli Mkhize	Blaming the government obscures the issue	Why is government being blamed when the real issue is that the pharmaceutical industry won't reduce its drug prices
The Star	Feature	19/04/00	Lynne Altenroxel	Conflicting sides of the Aids debate dissected	The orthodox vs. dissident views on various questions
The Star	Feature	19/04/00	Sandy Kalyan	Press-ganging science to serve political objectives	By moving onus onto scientists Mbeki is trying to absolve the government of responsibility
The Star	Feature	10/04/00	Lynne Altenroxel	Orthodoxy behind it is like a religion — Aids dissident	Dissident journalist, Joan Shenton, applauds Mbeki's vision
The Star	News	06/04/00	Anso Thom	'Govt gives credence to voodoo science'	Mainstream scientists condemn Mbeki
The Star	News	06/04/00	Anso Thom	Panel won't include those doubting disease	Speculation on the composition of Mbeki AIDS panel
The Star	News	24/03/00	Staff reporter	Mbeki's office hits back at critics of president's stance on HIV/Aids	President's office responds to criticism
The Star	News	03/03/00	Anso Thom	Decision on Aids drugs to be reviewed	International panel will look at therapeutic options for Africa
The Star	News	09/02/00	Sapa	Reports on the safety of AZT dismissed	Minister rejects Medicines Control Council findings on AZT
The Star	News	02/12/99	Sapa	Denial of AZT to pregnant mothers condemned	Speaker at AIDS Day rally accuses government of genocide
The Star	News	17/11/99	Sapa	Price and toxicity of AZT deter minister	Minister appeals for further study on toxicity of AZT

The Star	News	09/11/99	Vivian Warby, Sapa	AZT use justified, says medicines control body	Medicines Control Council defends use of AZT for health workers
Business Day	Feature	09/10/00	Charlene Smith	Hot air serves to incubate AIDS	Government argues semantics while people are dying
Business Day	News	05/07/00	Pat Sidley	Body to study reliability of HIV tests	Major outcome of panel deliberations is committee to look at HIV tests
Business Day	News	04/07/00	Pat Sidley	Will govt heed AIDS declaration?	Declaration released before Durban conference ruffles government feathers
Business Day	Column	07/06/00	Simon Barber	There is a job Smith can do instead of just attacking Mbeki	We need to treat the root problems of AIDS not just the symptoms
Business Day	Column	11/05/00	Pat Sidley	Makgoba is a statesman in the world of science on AIDS issue	MRC President, Makgoba, displays openness in participating in taskteam
Business Day	News	08/05/00	Pat Sidley	AIDS task team to probe the disease	Controversial panel meets
Business Day	News	05/05/00	Pat Sidley, Wyndham Hartley	Panel 'must seek common areas'	Facilitator admits consensus is unlikely
Business Day	Editorial	05/05/00	Editor	A way out on AIDS	Panel offers Mbeki an opportunity to bury his ambiguous perspective
Business Day	News	04/05/00	Taryn Lamberti, Pat Sidley	Presidential AIDS panel appointed	Consensus seen as unlikely as panel is skewed in favour of dissidents

Business Day	Feature	30/03/00	Pat Sidley	Government's 'strange' AIDS stance worries public	Opportunities for action missed because of government's stand
Business Day	News	29/03/00	Pat Sidley	Health minister speaks out	Health Minister defends right to consult widely
Business Day	News	27/03/00	Sapa	AIDS expert seeks to engage Mbeki	Leading academic questions quality of advice given to president
Business Day	Feature	23/03/00	John Kearney	Profit is not the issue for drug makers in AIDS debate	Call for new approach to dealing with epidemic by building partnerships
Business Day	Feature	20/03/00	Parks Mankahlana	Buying anti-AIDS drugs benefits the rich	Mbeki needs support not abuse
Business Day	Feature	18/01/00	Michael Cherry	Mbeki's claims on AZT are problematic	Mbeki needs to consult science not the Internet
Business Day	News	08/11/00	Stephane Bothma, Sapa	Medicines Control Council to probe AZT side effects	AZT not to be made available until MCC completes its investigation

Table 2.4 — Coverage of the Mbeki/dissidents' story in South African newspapers Gauteng based — *The Sowetan, City Press, Sunday Tribune, Pretoria News and Citizen*

Publication	Article type	Date	Author	Headline	Angle
The Sowetan	Feature	07/07/00	Costa Gazi	ANC may have vested interest in AZT disinterest	Mbeki is afraid to upset Americans by insisting on compulsory licencing
The Sowetan	News	05/07/00	Bhungani Mzolo	Aids-HIV tests to be validated	Panel appoints taskteam to investigate validity of HIV tests
The Sowetan	Feature	02/06/00	Sipho Seepe	Mbeki's about-face	Mbeki softens his controversial stand after tour of Britain and USA
The Sowetan	Feature	18/05/00	Thulasizwe Mngomezulu	A vision for our time	Scientists who criticise Mbeki are breaking their own rules of encouraging ongoing research and questioning
The Sowetan	News	04/05/00	Rafiq Rohan	Dlamini-Zuma defends Mbeki	Foreign Minister defends right of President to seek solutions relevant to African context
The Sowetan	Feature	28/04/00	Hein Marais	Govt fuels Aids myths	Questioning scientifically proven facts breathes new life into myths and denial
The Sowetan	Feature	06/04/00	Greg Mills	Aids ... deadlier than war	Debate cannot obscure massive impact of AIDS
The Sowetan	News	24/03/00	Jimmy Seepe	Mbeki denies making HIV statement	President denies ever saying HIV does not cause AIDS
The Sowetan	News	20/01/00	Siphiwe Mpye	PAC medic Gazi slates Govt on AZT report	Costa Gazi points out government inconsistencies

City Press	Feature	07/05/00	Mpuemelelo Mkhabela	The HIV/AIDS debate comes to Mbeki's panel of experts	Watershed meeting brings experts from all over world to discuss HIV/AIDS link
City Press	Column	09/04/00	Tim Modise	None	AIDS challenge is too complex to be approached from only one dimension
City Press	Feature	02/04/00	Sipho Seepe	Scientists qualified to research AIDS	Medical scientists are better qualified to research AIDS than politicians
Sunday Tribune	Feature	11/06/00	Simon Dagut	'African political style is different'	Interview with Malegapuru Makgoba, MRC President, on his criticism of government's decision to question HIV/AIDS link
Sunday Tribune	Feature	27/02/00	Sam Sole	Completely bizarre	Prominent AIDS researchers slam government policy
Pretoria News	Column	08/07/00	William Saunderson-Meyer	That's what you get from a gutless sodden islander	Mbeki is making a fool of himself and South Africa (including speculation on Durban Declaration and Mbeki's speech at opening of AIDS conference)
Pretoria News	Feature	11/05/00	Parliamentary editor	Aids row a crucial test for Mbeki	Dealing with HIV/AIDS
Pretoria News	News	04/05/00	Julian Rademeyer, Sapa	Aids in the limelight as experts meet in city	Who's who on the panel and what they will discuss

Pretoria News	News	29/04/00	Sapa	Thorough research 'proves' HIV causes Aids	Royal Society of SA says HIV causes AIDS
Pretoria News	News	20/04/00	Reuters, Own correspondent	Mbeki's Aids policy 'idiotic' — experts	International scientists condemn South African AIDS policy
Pretoria News	News	18/04/00	Reuters	Mbeki defends decision on HIV	Mbeki defends decision to convene panel despite international calls to boycott AIDS conference
Pretoria News	News	11/04/00	Lynne Altenroxel	Journalist interviews Mbeki on HIV/Aids	Mbeki interviewed by dissident journalist, Joan Shenton
Pretoria News	News	05/04/00	Own correspondent	Top scientists to boycott SA conference on Aids	Leading British scientists threaten to boycott AIDS conference
Pretoria News	News	24/03/00	Own correspondent	Mbeki 'bound to fight against HIV-Aids'	President Mbeki's office responds to criticism that the controversy is weakening the campaign against HIV/AIDS
Pretoria News	Column	18/03/00	William Saunderson-Meyer	Dogged flat earthism still pervades corridors of power	Critique of Mbeki's intrusion into science
Pretoria News	News	07/03/00	Ben Maclellan	Mbeki 'wants world leaders to discuss Aids'	Mbeki to lobby world leaders to gather support for investigation of whether HIV causes AIDS
Pretoria News	News	10/02/00	Sapa	Minister rejects AZT probes	Minister rejects MCC findings on AZT

Citizen	News	10/07/00	Sapa	Durban accepts HIV as cause	MRC President, Makgoba, says work of panel will help in formulation of a national AIDS policy, and highlights Durban Declaration
Citizen	News	07/06/00	Carol Hills	Msimang's stand on AZT 'disappoints'	Minister expresses concerns about long-term safety of antiretrovirals
Citizen	Feature	11/05/00	Molefi Sefularo	Aids review one of best things to happen to SA	MEC praises panel initiative
Citizen	Feature	11/05/00	Unknown	Our renaissance man will preside over Aids graves	The man who would lead Africa from the misery of economic poverty, will, if his policies continue, preside over graves
Citizen	News	08/05/00	Eleanor Momberg	Experts on Aids gather	Panel agrees on experiments
Citizen	News	19/04/00	Carol Hills	HIV causes Aids: SAMA	South African Medical Association says that scientific investigation has proven HIV causes AIDS
Citizen	News	14/04/00	Sapa	Aids summit boycott calls irks	Seth Berkley of the International AIDS Vaccine Initiative says calls to boycott Durban conference because of Mbeki stand are irresponsible and wrong
Citizen	Feature	14/04/00	Tim du Plessis	Time for Mbeki to find some quality advisers	The time has come for Mbeki to surround himself with quality advisers who will tell him what he needs to hear

Citizen	News	05/04/00	Sapa/AP	Mbeki is censured on Aids query	Mbeki criticised for consulting Californian biochemist, David Rasnick
Citizen	News	03/04/00	Brian Stuart	Call on Mbeki for clarity on AZT stance	Opposition leader, Tony Leon, challenges Mbeki
Citizen	News	31/03/00	Unknown	NGOs globally laud Mbeki for HIV/Aids stand	International NGOs welcome Mbeki's commitment to examine commercially driven HIV/AIDS hypothesis
Citizen	Letter	30/03/00	M. Mortimer	Mankahlana's argument on Aids doesn't go anywhere	Letter critiquing article by presidential spokesperson, Parks Mankahlana
Citizen	Feature	28/03/00	Parks Mankahlana	'Aids battle won't end with AZT'	Antiretrovirals won't cure AIDS—therefore we need to investigate other options
Citizen	Feature	24/03/00	Michael Baumgartner	Patients are just pawns in the business of Aids	Human and patient rights must come first in battle against HIV/AIDS
Citizen	News	10/03/00	Sapa	Aids review backed	ANC and scientific organisation support review process
Citizen	Feature	03/03/00	Unknown	Govt wrong about AZT	Interview with Costa Gazi
Citizen	News	05/02/00	Brian Stuart	No decision on AZT from govt	Still no go-ahead from government on AZT
Citizen	Feature	10/11/99	Anthony Brink	Is AZT safe for babies?	Review of scientific evidence of safety of AZT
Citizen	News	08/11/99	Citizen reporter	AZT kills, Dr tells TV show	Peter Duesberg claims AZT is lethal on TV show, <i>Carte Blanche</i>

Citizen	News	01/11/99	Rodney Victor	AZT war of words	Statement expected from Ministry on safety of AZT
Citizen	News	14/09/00	Sapa	Free AZT for rape victims: survey call	Survey shows majority of South Africans feel government should provide AZT free of charge for rape victims

Table 2.5 — Coverage of the Mbeki/dissidents' story in South African newspapers — *Sunday Independent* and *Sunday Times*

Publication	Article type	Date	Author	Headline	Angle
Sunday Independent	News	01/10/00	Jeremy Gordin	President's office declares war on journalist for questioning Mbeki's sanity	President's office responds to journalist who says Mbeki is "off his rocker" for his opinions on racism and HIV/AIDS
Sunday Independent	Feature	04/06/00	Maureen Isaacson	Top medic spars with health minister at debate on HIV-Aids	Minster challenged at debate to acknowledge long-term consequences of controversy
Sunday Independent	Feature	23/04/00	Adele Sulcas, Jeremy Gordin	We need action against Aids, not denial	Rhetoric and denial does not help disaster
Sunday Independent	Letter	30/03/00	Marc Weinberg	Mbeki's Aids views miss the ways of science	Dissident's views should be proven in the ordinary process of scientific investigation
Sunday Independent	Feature	26/03/00	Adele Sulcas	Mbeki digs in his heels over Aids	Mbeki answers challenges from various sources
Sunday Independent	Feature	14/11/99	Adele Sulcas	Mbeki 'out of step' over AZT safety fears	National department caught unawares by president's AZT stand and forced to do damage control
Sunday Independent	Feature	07/11/99	Christina Stucky	State medic who backed AZT faces rap	Charges of misconduct against Costa Gazi for disagreeing with government decision on antiretrovirals
Sunday Independent	News	31/10/99	Adele Sulcas, Estelle Randall	Scientists reject Mbeki's claim on Aids drug	Scientists and pharmaceutical industry criticise Mbeki stand on AZT

Sunday Times	News	01/10/00	Carol Paton, Carmel Rickard	Mbeki links AIDS to US drug conspiracy	Mbeki maintains it suits drug companies to promote the theory that HIV causes AIDS because then you need drugs not development
Sunday Times	Letters (6)	01/10/00	Various	Even Mbeki has freedom of speech	6 letters of support for Mbeki's right to investigate alternative theories
Sunday Times	Column	20/08/00	Stephen Mulholland	Methinks President Mbeki doth protest too much	Mbeki cries racism when criticised on his AIDS stance
Sunday Times	News	06/08/00	Anita Allen	As long as AIDS tests are flawed, alarm is misplaced	If you haven't isolated HIV you can't test for its presence
Sunday Times	Feature	09/07/00	Laurice Taitz	Mbeki: The big debate	Orthodox vs. dissidents — the panel outcomes
Sunday Times	News	04/06/00	Laurice Taitz	Health Minister ducks AIDS question — and thereby answers it	Minister shifts responsibility to individuals in debate
Sunday Times	News	04/06/00	Laurice Taitz	Respected academic vs. the government on the key issues around the epidemic	Jerry Coovadia (Chairperson of the AIDS Conference) vs. the Minister of Health
Sunday Times	Feature	28/05/00	Chris Barron	So many questions	Interview with MRC President, Makgoba, on the orthodox scientific view
Sunday Times	Feature	21/05/00	William Makgoba	Warning: pseudoscience can damage your health	A warning to keep politics out of science
Sunday Times	Feature	07/05/00	Laurice Taitz, Carol Paton	Mbeki: Wise man or fool?	Divided panel gathers

Sunday Times	Column	30/04/00	Vinodh Gathiram	Delusions about HIV could add to the catastrophe	Misconceptions will add to tragedy of pandemic
Sunday Times	Column	23/04/00	Thabo Mbeki	Reciting comfortable catechisms on AIDS is not good enough	Edited text of letter written to world leaders
Sunday Times	News	23/04/00	Unknown	Getting the priorities right	Detailed outline of Mbeki's stance released
Sunday Times	News	23/04/00	Carol Paton	AIDS activists rally ahead of Mbeki's US visit	AIDS activists prepare for Mbeki visit
Sunday Times	News	02/04/00	Ranjeni Munusamy	AIDS panel leaves experts out in the cold	Panel includes dissidents but excludes eminent SA scientists
Sunday Times	Column	19/03/00	Laurice Taitz	The strange debate on the science of AIDS	Government disputes scientific findings on AZT and gives 'voice' to a group of fringe scientists
Sunday Times	Feature	28/11/00	Laurice Taitz	AZT and its new, cheaper rival	The pros and cons of antiretrovirals
Sunday Times	News	07/11/99	Laurice Taitz	AZT: UK rushes in where Mbeki fears to tread	British government goes ahead with plans to introduce AZT to reduce mother-to-child transmission

Table 2.6 — Coverage of the Mbeki/dissidents' story in South African newspapers — Miscellaneous

Publication	Article type	Date	Author	Headline	Angle
Daily Dispatch	News	05/10/00	Unknown	HIV/Aids controversy 'causing fear'	MRC President, Makgoba, calls for responsibility, clarity of common purpose and vision from all sectors
Daily Dispatch	News	08/05/00	Sapa	'Simple experiment' to find cause of Aids	Subgroup set up to explore experiment
Daily Dispatch	News	01/03/00	Nick Wilson	Gazi slams plan to probe HIV-Aids link	Panel represents another attempt to do something that looks effective but is totally useless
Daily News	Letter	02/10/00	G M Ntomebela	Mbeki's Aids stance controversy	The government has a responsibility to base policy on the best available knowledge, while scientists and researchers must be tolerant of sceptical researchers
Daily News	News	08/05/00	Vivien Horler	Panel set up after meeting to test for cause of Aids	Orthodox and dissidents to undertake experiments
Diamond Fields Advertiser	Feature	11/05/00	Vivien Horler	Sentenced to death	Does it actually matter what causes AIDS — it kills
Eastern Province Herald	News	05/10/00	Sapa	'Controversy eroding investor confidence'	MRC President, Makgoba, says Mbeki's mixed messages are eroding investor confidence and creating a climate of fear
Evening Post	Feature	23/06/00	Simon Dagut	'One finds dinosaurs at home'	Interview with Malegapuru Makgoba, MRC President

Evening Post	Feature	08/05/00	Sapa	Aids experts still divided	Experiment planned to determine cause of AIDS
Evening Post	News	04/05/00	Sapa	Experts to debate the cause of Aids	Eminent international panel to meet to discuss HIV/AIDS link
Mercury	Feature	07/07/00	Unknown	A chance to show ravages of Aids rather than dispute	Government needs to plan for disaster rather than debate
Mercury	News	08/05/00	Julian Rademeyer	Four more experts to join Aids panel	US government asks for four additional scientists to be included on panel
Natal Witness	Feature	09/06/00	Simon Dagut	A transitional man	Interview with Malegapuru Makgoba, MRC President
Natal Witness	Feature	28/04/00	Deborah Ewing	Fiddling while Rome burns	President should be listening to scientists who know

**Table 2.7 — Coverage of the Mbeki/dissidents' story in SA newspapers — Afrikaans —
*Die Burger, Burger Oos Kaap, Beeld, Naweek Beeld, Volksblad and Bonus Volksblad***

Publication	Article type	Date	Author	Headline	Angle
Die Burger	News	06/10/00	Hendrik Coetzee	Mbeki 'soek nie sterk opposisie'	Letter exchange between President Mbeki and Tony Leon
Die Burger	News	05/10/00	Sapa	Leiers mag nie toelaat dat vigsslagting voortgaan'	Political and scientific choices made now could brand South Africans as having participated in the greatest genocide of our time — Makgoba (MRC President) lecture
Die Burger	News	22/09/00	Jannie Ferreira	Kenners sê Mbeki se vigstories is snert	Experts dismiss virus/syndrome theory
Die Burger	News	22/09/00	Hendrik Coetzee	President saai nog verwarring oor vigs — Leon	Opposition leader comments on Mbeki's parliamentary speeches
Die Burger	News	29/07/00	Bun Booyens	US geleerde lig Mbeki in oor vigs	Bhongani Khumalo to advise Mbeki in HIV/AIDS
Die Burger	News	15/07/00	Unknown	Regering dreig SA vigskeners	Rumours of government threats to scientists stops press conference at AIDS 2000
Die Burger	News	15/07/00	Jannie Ferreira	Coovadia bots nie eerste keer met regering	Jerry Coovadia (conference chairperson) calls for introduction of Nevirapine
Die Burger	News	14/07/00	Jannie Fereirra	Ondertekenaars wou Mbeki kans gee	Press conference postponed to give Mbeki first word at AIDS Conference
Die Burger	News	03/07/00	Own correspondent	Opslae wêreldwye oor Mbeki en vigs	Panel meets to debate issue

Die Burger	Feature	25/05/00	Thalyta Swanepoel	Hou op onsin praat oor MIV/vigs en begin iets doen, vra kenners	Debate diverts attention from main task — stopping AIDS
Die Burger	Editorial	09/05/00	Editor	Maklike vigstoetse	Rather than doing tests it would have been better to decide that debate wasn't worth having
Die Burger	News	08/05/00	Own correspondent	Mbeki vigspaneel diep verdeel	Irreconcilable differences divide panel
Die Burger	News	06/05/00	Bun Booyens	Vyf 'ortodokse' SA lede in Mbeki se vigspaneel	Orthodox vs. dissident as panel gathers
Die Burger	News	04/04/00	Jacques Dommissie	Vigskenners wil SA boikot	Mbeki stance triggers boycott of conference
Die Burger	News	04/04/00	Bun Booyens	Mbeki vigsplan 'is erger as om niks te doen'	Opposition politicians say Mbeki stance is harming AIDS prevention activities
Die Burger	News	31/03/00	Jannie Ferreira	Oorsaak van vigs en MI-virus bespreek	Walter Prozesky (head of the South African AIDS Vaccine Initiative) says scientific evidence is indisputable that HIV causes AIDS
Die Burger	News	17/11/00	Ilse Bigalke	Minister sê hoekom sy nie AZT aan vigslyers gee	Minister admits that government cannot afford AZT at current market prices
Die Burger — Oos Kaap	News	06/10/00	Political Editor	Zuma wys op Regering se sukses	Zuma defends Meki stance in pre-election debate
Die Burger — Oos Kaap	News	29/07/00	Unknown	Khumalo adviseer Presidensie oor vigs	Professor to advise Mbeki on AIDS

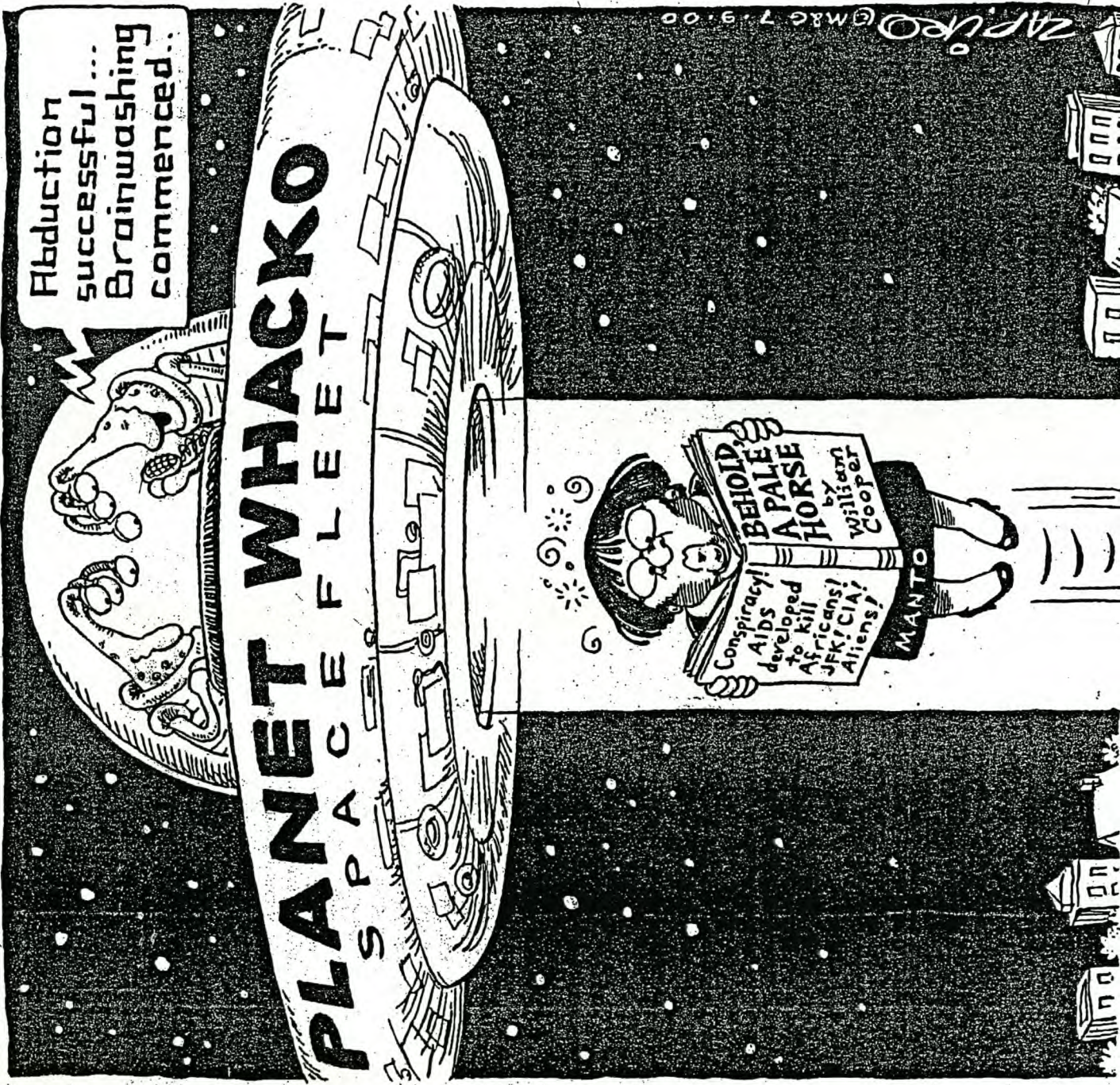
Die Burger — Oos Kaap	News	10/07/00	Unknown	Ons is nie van koers af, sê voorsitter	According to Makgoba (MRC President) most of panel is working from belief that HIV causes AIDS
Die Burger — Oos Kaap	Editorial	04/07/00	Editor	Genoeg oor oorsake van vigs	It's time to announce that government has consulted widely and now will put attention on fighting epidemic
Die Burger — Oos Kaap	News	03/07/00	Own correspondent	Vonke spat dalk wêreldwyd oor Mbeki en vigs	Panel meets despite Durban Declaration
Die Burger — Oos Kaap	News	03/07/00	Pierre Steyn	Deklarasie oor MIV/vigs onderteken	5000 scientists sign Durban Declaration
Die Burger — Oos Kaap	News	08/05/00	Unknown	Mbeki se vigspaneel steeds diep verdeeld oor siekte	Panel divisions won't heal
Naweek Beeld	News	15/07/00	Amanda Visser	Onderhoud 'is op band'	Presidential adviser denies making controversial remarks on HIV/AIDS
Beeld	News	05/07/00	Thalyta Swanepoel	Vigs-sweer bars oop	Deep panel divisions reach bursting point
Beeld	News	03/07/00	Thalyta Swanepoel	Vonke spat	Minister declares Durban Declaration out of order
Beeld	Feature	24/05/00	Thalyta Swanepoel	'Pak die kern van vigs'	Debate diverts attention from essential issues
Beeld	News	05/05/00	Amanda Visser	'Regering hoef nie samestelling van vigspaneel te regverdig'	Government reacts to criticism of panel composition

Beeld	News	29/03/00	Correspondent	DP vra 'n debat oor Mbeki se vigsbeleid	Opposition demands a debate to clarify Mbeki's denial of orthodox science
Beeld	Editorial	18/11/00	Editor	Vigsmiddel	Refusal to administer AZT is an emotional issue but State can't afford it
Beeld	News	18/11/00	Unknown	MWU verskaf dalk AZT aan sy lede	Mine Workers Union may provide AZT to workers despite minister's warning that research is inconclusive
Beeld	Feature	18/11/99	Thalyta Swanepoel	Kliprëen in die AZT bos	Real question is can State afford AZT?
Beeld	News	18/11/99	Nick Bezuidenhout	'R20 miljoen vir AZT kan lewe van 40 000 babas red'	Academics say benefits of AZT far outweigh potential side effects
Beeld	News	11/11/99	Political editor	Kundige van VN steun AZT	Peter Piot of UNAIDS supports AZT use
Volksblad	News	14/07/00	Correspondent	Durban-deklarasie oor vigs amptelik bekend gestel	Durban conference tries to give Mbeki the first word
Volksblad	News	13/07/00	Correspondent	Nuuskonferensie oor deklarasie afgestel 'uit vrees'	Press conference cancelled because academics fear losing their jobs
Volksblad	News	10/07/00	Correspondent	Paneel 'veronderstel MIV is oorsaak van vigs'	Makgoba claims most of panel agrees HIV causes AIDS
Bonus Volksblad — Saterdag	News	08/07/00	Unknown	Nuusmaker	Conference opens amidst ongoing controversy

Volksblad	News	05/07/00	Correspondent	Verwarring oor wat vigspaneel ondersoek	Confusion surrounds announcement of experiments
Volksblad	News	03/07/00	Correspondent	Omstrede vigspaneel kan vandag vonke laat spat	Panel divided into two camps by Durban Declaration
Volksblad	News	23/05/00	Correspondent	Kenner bevraagteken MIV/vigs-debat	Academic says debate is diverting resources from essential problem
Volksblad	News	08/05/00	Correspondent	Vigspaneel diep oor kwessies verdeel	Taskgroup appointed to undertaken experiments

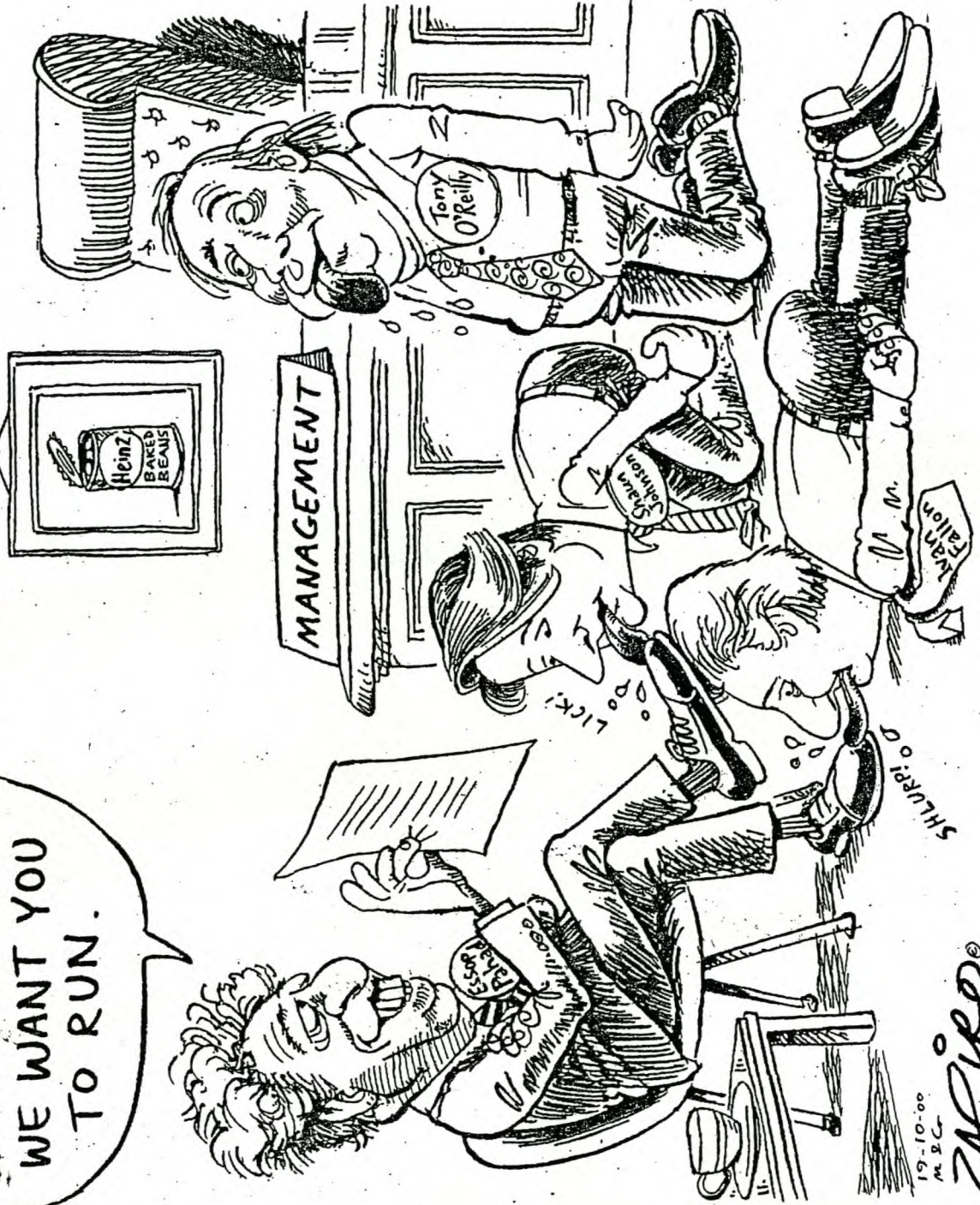
Appendix F: Some examples of cartoons on the Mbeki/dissidents' story that appeared in South African newspapers

Mail & Guardian
08-14/09/00



INDEPENDENT NEWSPAPERS

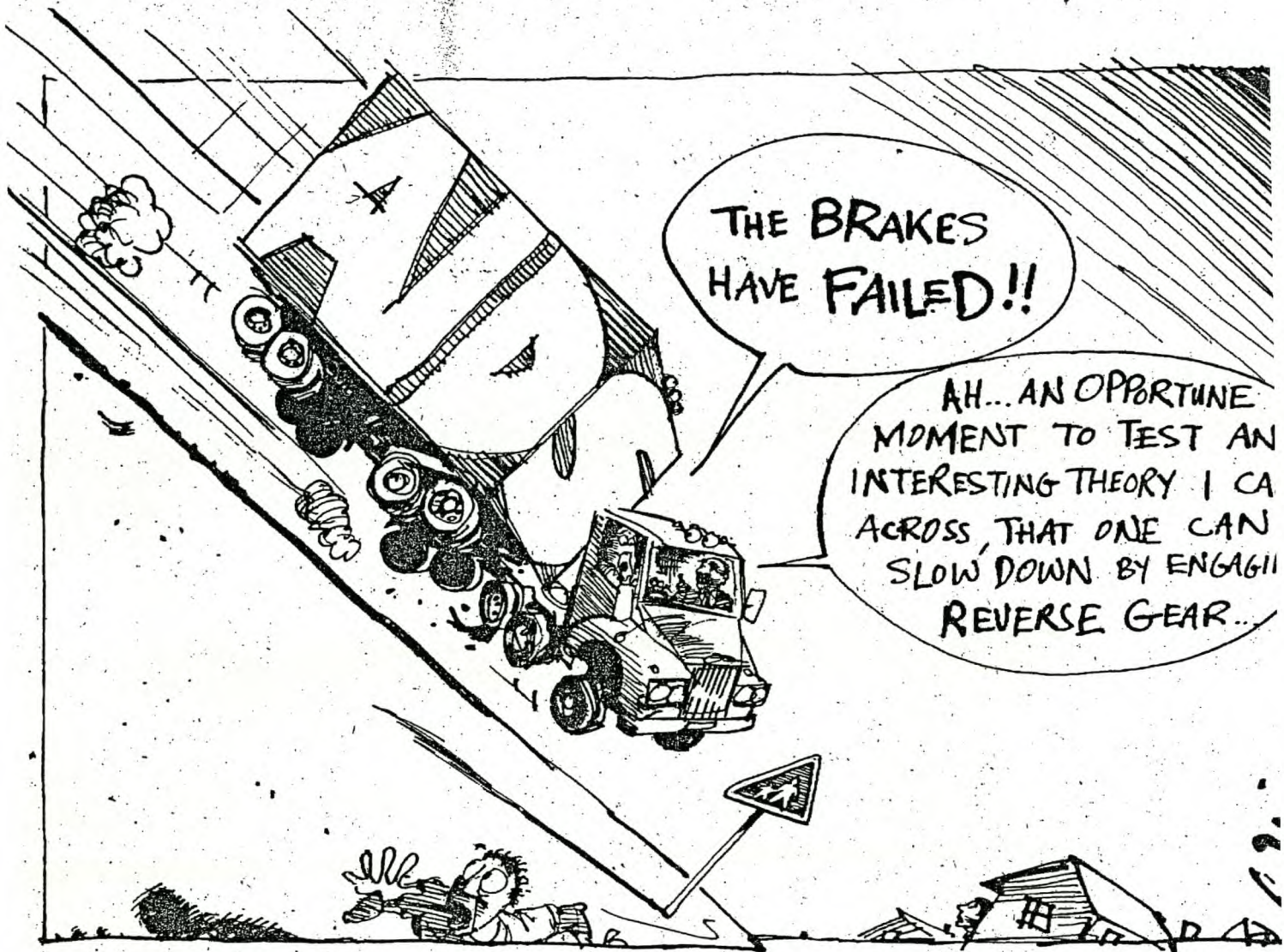
NICE JOB.
NOW HERE'S
ANOTHER
FREE ADVERT
WE WANT YOU
TO RUN.



Cape Argus
20/04/00

Chip **SNADDON**

Argus 20/4/2000



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Black River Parkway; Bosmansdam

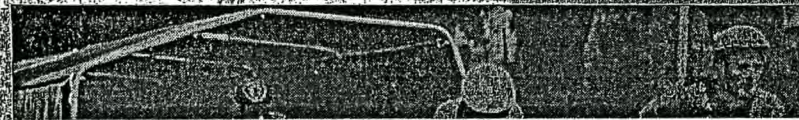
Stellenbosch University <https://scholar.sun.ac.za>

Harry C Berry
Milnerton

what - not a single response. I know
that the agent I spoke to has a

Chip **SNADDON**

Argus 14/8/2000



Loud music spoiled carnival
atmosphere at Maynardville

Cape Argus 14/08/00

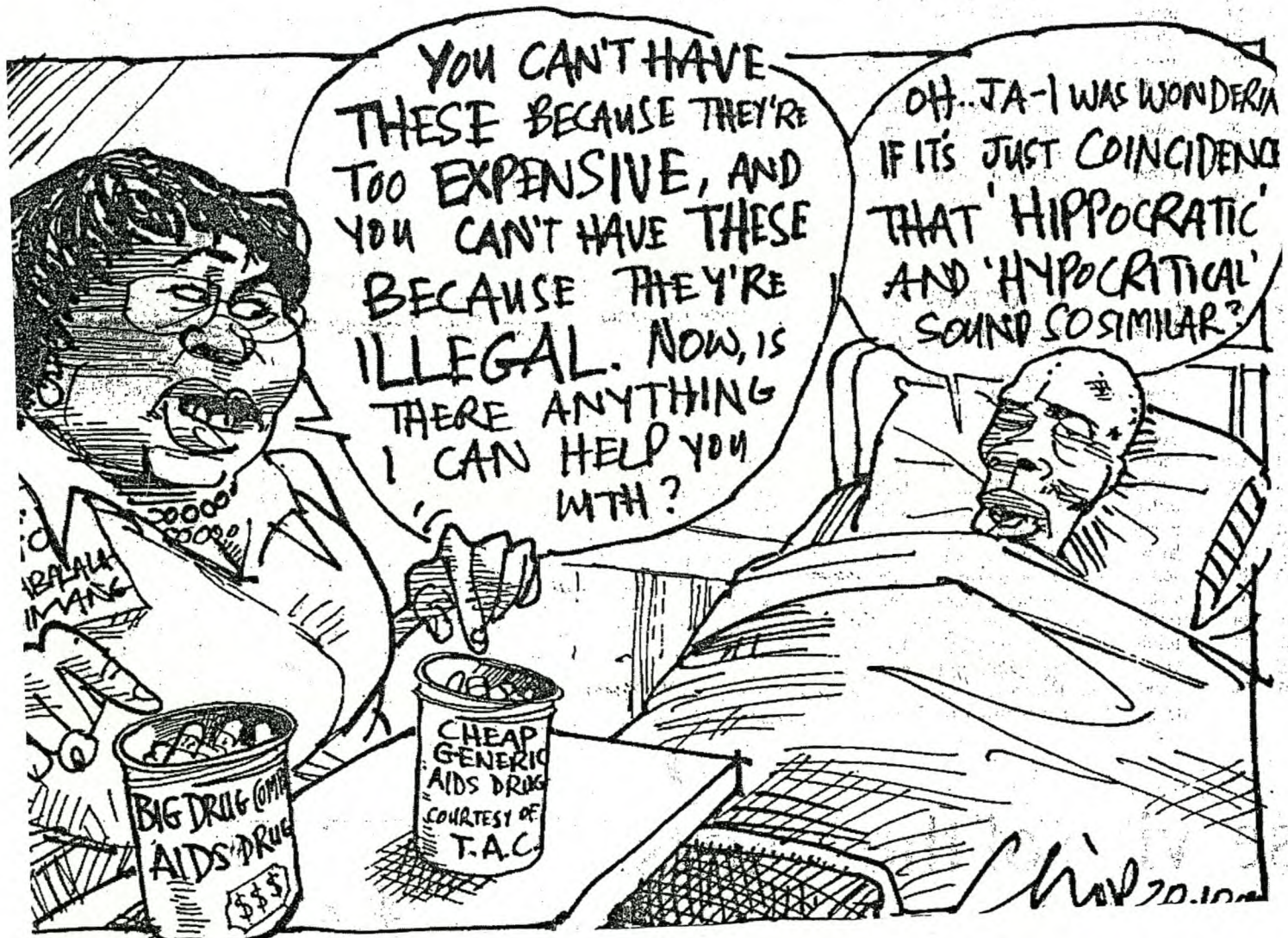
Cape Argus
20/10/00

management overlooked or too the seriousness of the gave rise to the march, and demonstration from taking place. The decision to close the Kaplan Centre on the day was taken with the security focus on it during the march. The vice-chancellor called an executive meeting

Director of Communications
University of Cape Town

Argus 20/10/00

SNADDON



LEADER PAGE

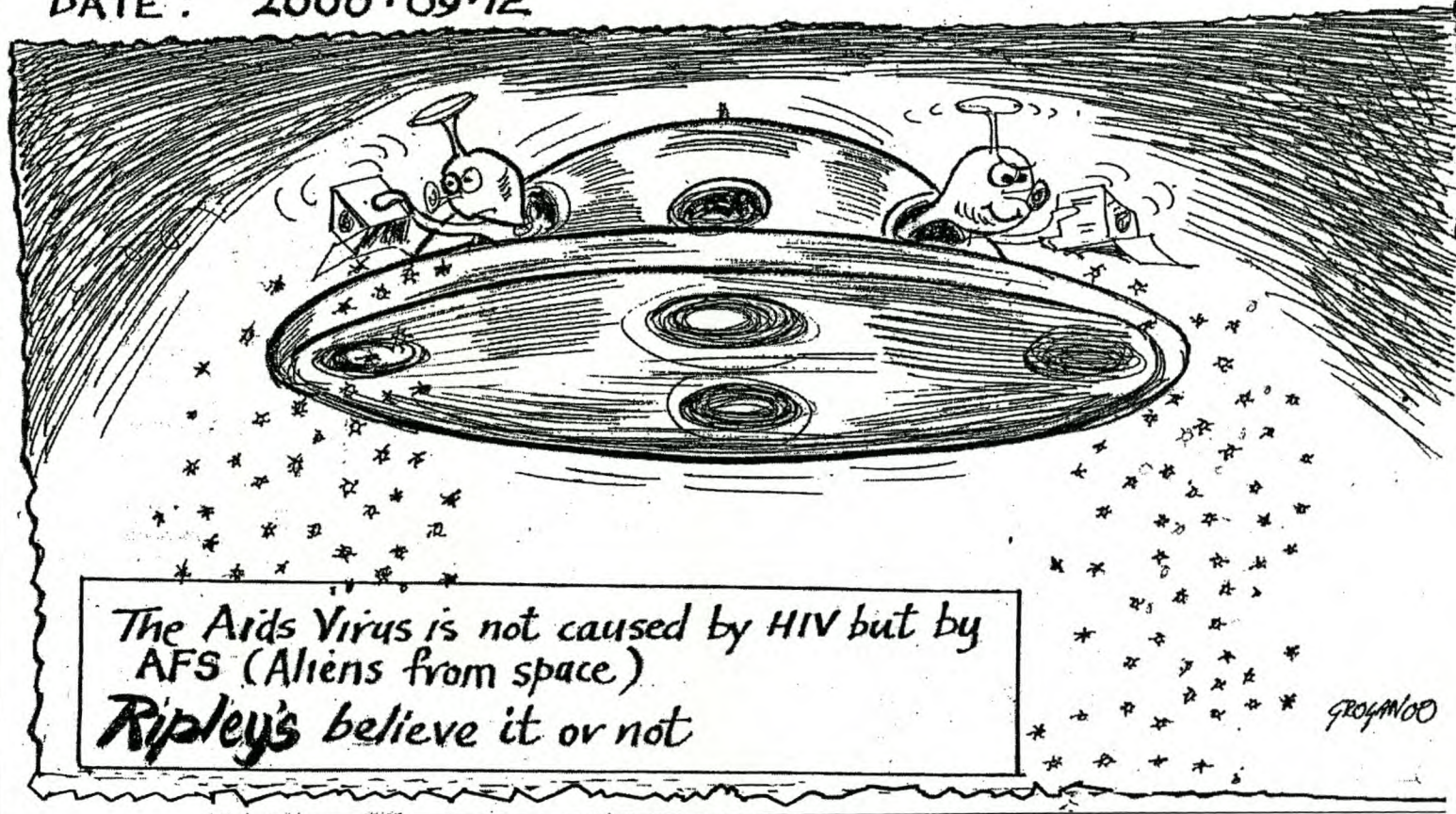
12/9/00

MINISTRY OF HEALTH

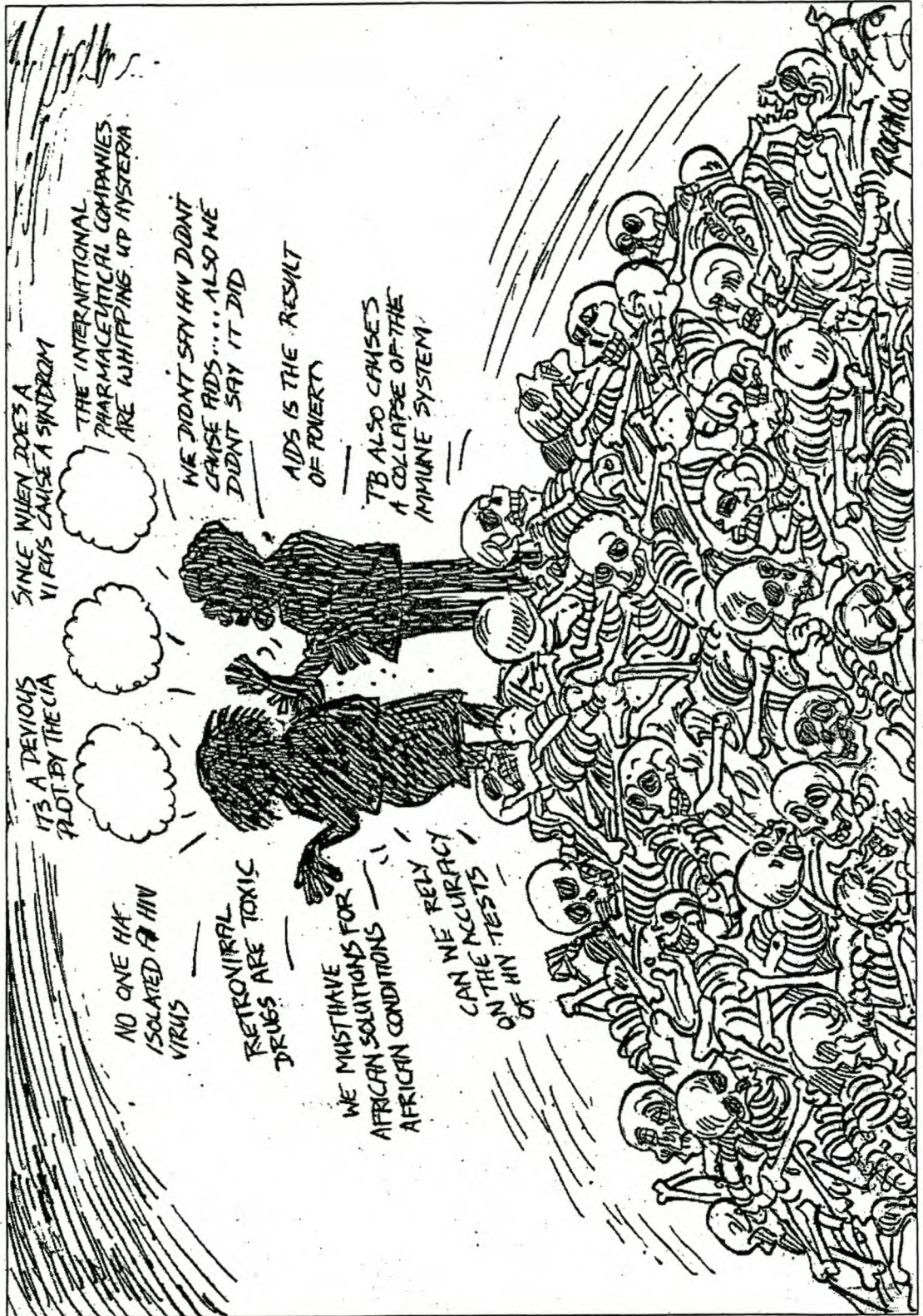
MEMO TO ALL PROVINCIAL DEPARTMENTS OF HEALTH

SUBJECT : ORIGIN OF AIDS VIRUS

DATE : 2000-09-12



LEADER PAGE



Daily News
12/07/00

AIDS PANDEMIC

WASH DC

ALL I DID
WAS ABSTAIN
FROM SAYING
CAUSES /
HIV AIDS

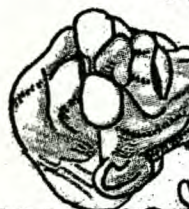


EGG

WORLD CUP 2006

WASH DC

ALL I DID
WAS ABSTAIN!
FROM VOTING.



USA
BID

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in Africa, it nothing else. travelled a lot to all continents and true of London if you visit it for a prime minister's son who drank too Europe time. They will come back Europeans, and the North, several dozens of countries. much and passed out in Leicester crawling.

Stellenbosch University <https://scholar.sun.ac.za>

NANDA
SOOBEN
2000

AIDS

CONFERENCE
DURBAN

It's POVERTY!
IDiotic!
It's HIV!
Bull!
GET LOST!
PROVE IT!

IT'S GOING
TO BE A WHILE
BEFORE THEY
TAKE ME ON!



Daily News 13/07/00

Appendix G

***AIDS: The Agony of Africa* by Mark Schoofs — Part 1: The virus creates a generation of orphans**

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Published November 3 - 9, 1999



(Illustration by Stanley Martucci and Cheryl Griesbach)

AIDS: THE AGONY OF AFRICA

BY MARK SCHOOFS

Part 1: The Virus Creates a Generation of Orphans

[Additional articles](#) in this series.

Work at the Voice

Penhalonga, Zimbabwe—They didn't call Arthur Chinaka out of the classroom. The principal and Arthur's uncle Simon waited until the day's exams were done before breaking the news: Arthur's father, his body wracked with pneumonia, had finally died of AIDS. They were worried that Arthur would panic, but at 17 years old, he didn't. He still had two days of tests, so while his father lay in the morgue, Arthur finished his exams. That happened in 1990. Then in 1992, Arthur's uncle Edward died of AIDS. In 1994, his uncle Richard died of AIDS. In 1996, his uncle Alex died of AIDS. All of them are buried on the homestead where they grew up and where their parents and Arthur still live, a collection of thatch-roofed huts in the mountains near Mutare, by Zimbabwe's border with Mozambique. But HIV hasn't finished with this family. In April, a fourth uncle lay coughing in his hut, and the virus had blinded Arthur's aunt Eunice, leaving her so thin and weak she couldn't walk without help. By September both were dead.

The most horrifying part of this story is that it is not unique. In Uganda, a business executive named Tonny, who asked that his last name not be used, lost two brothers and a sister to AIDS, while his wife lost her brother to the virus. In the rural hills of South Africa's KwaZulu Natal province, Bonisile Ngema lost her son and daughter-in-law, so she tries to support her granddaughter and her own aged mother by selling potatoes. Her dead son was the breadwinner for the whole extended family, and now *she* feels like an orphan.

In the morgue of Zimbabwe's Parirenyatwa Hospital, head mortician Paul

Tabvemhiri opens the door to the large cold room that holds cadavers. But it's impossible to walk in because so many bodies lie on the floor, wrapped in blankets from their deathbeds or dressed in the clothes they died in. Along the walls, corpses are packed two to a shelf. In a second cold-storage area, the shelves are narrower, so Tabvemhiri faces a grisly choice: He can stack the bodies on top of one another, which squishes the face and makes it hard for relatives to identify the body, or he can leave the cadavers out in the hall, unrefrigerated. He refuses to deform bodies, and so a pair of corpses lie outside on gurneys behind a curtain. The odor of decomposition is faint but clear.

Have they always had to leave bodies in the hall? "No, no, no," says Tabvemhiri, who has worked in the morgue since 1976. "Only in the last five or six years," which is when AIDS deaths here took off. Morgue records show that the number of cadavers has almost tripled since the start of Zimbabwe's epidemic, and there's been a change in *who* is dying: "The young ones," says Tabvemhiri, "are coming in bulk."

The wide crescent of East and Southern Africa that sweeps down from Mount Kenya and around the Cape of Good Hope is the hardest-hit AIDS region in the world. Here, the virus is cutting down more and more of Africa's most energetic and productive people, adults aged 15 to 49. The slave trade also targeted people in their prime, killing or sending into bondage perhaps 25 million people. But that happened over four centuries. Only 17 years have passed since AIDS was first found in Africa, on the shores of Lake Victoria, yet according to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the virus has already killed more than 11 million sub-Saharan Africans. More than 22 million others are infected.

Only 10 percent of the world's population lives south of the Sahara, but the region is home to two-thirds of the world's HIV-positive people, and it has suffered more than 80 percent of all AIDS deaths.

Last year, the combined wars in Africa killed 200,000 people. AIDS killed 10 times that number. Indeed, more people succumbed to HIV last year than to any other cause of death on this continent, including malaria. And the carnage has only begun.

Unlike ebola or influenza, AIDS is a slow plague, gestating in individuals for five to 10 years before killing them. Across East and Southern Africa, more than 13 percent of adults are infected with HIV, according to UNAIDS. And in three countries, including Zimbabwe, more than a quarter of adults carry the virus. In some districts, the rates are even higher: In one study, a staggering 59 percent of women attending prenatal clinics in rural Beitbridge, Zimbabwe, tested HIV-positive.

Life expectancy in more than a dozen African countries "will soon be 17 years shorter because of AIDS—47 years instead of 64," says Callisto Madavo, the World Bank's vice president for Africa. HIV "is quite literally robbing Africa of a quarter of our lives."

In the West, meanwhile, the HIV death rate has dropped steeply thanks to powerful drug cocktails that keep the disease from progressing. These regimens must be taken for years, probably for life, and they can cost more than \$10,000 per patient per year. Yet in many of the hardest-hit African countries, the total per capita health-care budget is less than \$10.

Many people in Africa as well as the West shrug off this stark disparity, contending that it is also true for other diseases. But it isn't. Drugs for the world's major infectious killers—tuberculosis, malaria, and diarrheal diseases—have been subsidized by the international community for years, as have vaccines for childhood illnesses such as polio and measles. But even at discounted prices, the annual cost of putting every African with HIV on triple combination therapy would exceed \$150 billion, so the world is letting a leading

infectious killer for which treatment exists mow down millions.

That might be more palatable if there were a Marshall Plan for AIDS prevention to slow the virus's spread. But a recent study by UNAIDS and Harvard shows that in 1997 international donor countries devoted \$150 million to AIDS prevention in Africa. That's less than the cost of the movie *Wild Wild West*.

Meanwhile, the epidemic is seeping into Central and West Africa. More than a tenth of adults in Côte d'Ivoire are infected. Frightening increases have been documented in Yaoundé and Douala, the largest cities in Cameroon. And in Nigeria-the continent's most populous country-past military dictatorships let the AIDS control program wither, even while the prevalence of HIV has climbed to almost one in every 20 adults.

Quite simply, AIDS is on track to dwarf every catastrophe in Africa's recorded history. It is stunting development, threatening the economy, and transforming cultural traditions.

Epidemics are never merely biological. Even as HIV changes African society, it spreads by exploiting current cultural and economic conditions. "The epidemic gets real only in a context," says Elhadj Sy, head of UNAIDS's East and Southern Africa Team. "In Africa, people wake up in the morning and try to survive-but the way they do that often puts them at risk for infection." For example, men migrate to cities in search of jobs; away from their wives and families for months on end, they seek sexual release with women who, bereft of property and job skills, are selling their bodies to feed themselves and their children. Back home, wives who ask their husbands to wear condoms risk being accused of sleeping around; in African cultures, it's usually the man who dictates when and how sex happens.

Challenging such cultural and economic forces requires political will, but most African governments have been shockingly derelict. Lacking leadership, ordinary Africans have been slow to confront the disease. Few companies, for example, have comprehensive AIDS programs. And many families still refuse to acknowledge that HIV is killing their relatives, preferring to say that the person died of TB or some other opportunistic illness. Doctors often collude in this denial. "Just the other day," says a high-ranking Zimbabwean physician who spoke on condition of anonymity, "I wrote AIDS on a death certificate and then crossed it out. I thought, 'I'll just be stigmatizing this person, because no one else puts AIDS as the cause of death, even when that's what it is.' "

Why is AIDS worse in sub-Saharan Africa than anywhere else in the world? Partly because of denial; partly because the virus almost certainly originated here, giving it more time to spread; but largely because Africa was weakened by 500 years of slavery and colonialism. Indeed, historians lay much of the blame on colonialism for Africa's many corrupt and autocratic governments, which hoard resources that could fight the epidemic. Africa, conquered and denigrated, was never allowed to incorporate international innovations on its own terms, as, for example, Japan did.

This colonial legacy poisons more than politics. Some observers attribute the spread of HIV to polygamy, a tradition in many African cultures. But job migration, urbanization, and social dislocation have created a caricature of traditional polygamy. Men have many partners not through marriage but through prostitution or sugar-daddy arrangements that lack the social glue of the old polygamy.

Of course, the worst legacy of whites in Africa is poverty, which fuels the epidemic in countless ways. Having a sexually transmitted disease multiplies the chances of spreading and contracting HIV, but few Africans obtain effective treatment because the clinic is too expensive or too far away. Africa's wealth was either funneled to the West or restricted to white settlers who barred blacks from full participation in the economy. In apartheid South Africa, blacks were

either not educated at all or taught only enough to be servants. Now, as the country suffers one of the world's most explosive AIDS epidemics, illiteracy hampers prevention. Indeed, AIDS itself is rendering Africa still more vulnerable to any future catastrophe, continuing history's vicious cycle.

Yet AIDS is not merely a tale of despair. Increasingly, Africans are banding together- usually with meager resources-to care for their sick, raise their orphans, and prevent the virus from claiming more of their loved ones. Their efforts offer hope. For while a crisis of this magnitude can disintegrate society, it can also unify it. "To solve HIV," says Sy, "you must involve yourself: your attitudes and behavior and beliefs. It touches upon the most fundamental social and cultural things-procreation and death."

AIDS is driving a new candor about sex-as well as new efforts to control it, through virginity testing and campaigns that advocate sticking to one partner. And slowly, fitfully, it is also giving women more power. The death toll is scaring women into saying no to sex or insisting on condoms. And as widows proliferate, people are beginning to see the harm in denying them the right to inherit property.

The epidemic is also transforming kinship networks, which have been the heart of most African cultures. Orphans, for example, have always been enfolded into the extended family. But more than 7 million children in sub-Saharan Africa have lost one or both parents, and the virus is also killing their aunts and uncles, depriving them of foster parents and leaving them to live with often feeble grandparents. In response, communities across Africa are volunteering to help orphans through home visits and, incredibly, by sharing the very little they have. Such volunteerism is both a reclaiming of communal traditions and their adaptation into new forms of civil society.

But even heroic efforts can't stop the damage that's already occurred here in the hills where Arthur Chinaka lost his father and uncles. The worst consequence of this epidemic is not the dead, but the living they leave behind.

Rusina Kasongo lives a couple of hills over from Chinaka. Like a lot of elderly rural folk who never went to school, Kasongo can't calculate how old she is, but she can count her losses: Two of her sons, one of her daughters, and all their spouses died of AIDS, and her husband died in an accident. Alone, she is rearing 10 orphaned children.

"Sometimes the children go out and come home very late," says Kasongo, "and I'm afraid they'll end up doing the same thing as Tanyaradzwa." That's the daughter who died of AIDS; she had married twice, the first time in a shotgun wedding. Now, the eldest orphan, 17-year-old Fortunate, already has a child but not a husband.

Few people have conducted more research on AIDS orphans than pediatrician Geoff Foster, who founded the Family AIDS Caring Trust (FACT). It was Foster who documented that more than half of Zimbabwe's orphans are being cared for by grandparents, usually grandmothers who had nursed their own children to the grave. But even this fragile safety net won't be there for many of the next generation of orphans.

"Perhaps one-third of children in Zimbabwe will have lost a father or mother-or both-to AIDS," says Foster. They are more likely to be poor, he explains, more likely to be deprived of education, more likely to be abused or neglected or stigmatized, more likely to be seething with all the needs that make it more likely that a person will have unsafe sex. "But when they get HIV and die, who cares for their children? Nobody, because they're orphans, so by definition their kids have no grandparents. It's just like the virus itself. In the body, HIV gets into the defense system and knocks it out. It does that sociologically, too. It gets into the extended family support system and decimates it."

Foster's chilling realization is dawning on other people who work in fields far removed from HIV. This year, South African crime researcher Martin Schönteich published a paper that begins by noting, "In a decade's time every fourth South African will be aged between 15 and 24. It is at this age group where people's propensity to commit crime is at its highest. At about the same time there will be a boom in South Africa's orphan population as the Aids epidemic takes its toll." While some causes of crime can be curtailed, Schönteich writes, "Other causes, such as large numbers of juveniles in the general population, and a high proportion of children brought up without adequate parental supervision, are beyond the control of the state." His conclusion: "No amount of state spending on the criminal justice system will be able to counter this harsh reality."

More AIDS and more crime are among the most dramatic consequences⁴ of the orphan explosion. But Nengomasha Willard sees damage that is harder to measure. Willard teaches 11- and 12-year-olds at Saint George's Primary School, located near the Chinakas and the Kasongos. Fifteen of Willard's 42 pupils have lost one or both of their parents, but he's particularly worried about one of his students who lost his father and then, at his mother's funeral, cried inconsolably. "He doesn't want to participate," says Willard. "He just wants to be alone."

"I see thousands of children sitting in a corner," says Foster. "The impact is internalized—it's depression, being withdrawn." In Africa, says Foster, the focus on poverty eclipses research into psychological issues, but he has published disturbing evidence of abuse—emotional, physical, and sexual. Meanwhile, the orphan ranks keep swelling. "We're talking 10 percent who will have lost both parents, maybe 15 percent. Twenty-five percent who will have lost a mother. What does that do to a society, especially an impoverished society?"

Among his students, Willard has noticed that some of the orphans come to school without shoes or, in Zimbabwe's cold winter, without a sweater. Sometimes their stepfamilies put them last on the list, but often it's because grandmothers can't scrape together enough money.

Among economists, there has been a quiet debate over whether HIV will harm the economy. Some think it won't. With unemployment rates in sub-Saharan Africa between 30 and 70 percent, they reason that there are plenty of people to replenish labor losses. One scenario is that economic growth might slacken, but population growth will also dwindle, so per capita GNP might hold steady or even rise. Then, says Helen Jackson, executive director of the Southern Africa AIDS Information Dissemination Service (SAfAIDS), Africa might face the grotesque irony of "an improvement in some macroeconomic indicators, but the exact opposite at the level of households and human suffering."

But evidence is mounting that the economy will suffer. Between 20 and 30 percent of workers in South Africa's gold mining industry—the mainstay of that country's economy—are estimated to be HIV-positive, and replacing these workers will cut into the industry's productivity. In Kenya, a new government report predicts that per capita income could sink by 10 percent over the next five years. In Côte d'Ivoire, a teacher dies every school day.

Then there are the effects that can't be quantified. "What does AIDS do for the image of Africa?" asks Tony Barnett, a veteran researcher on the economic impact of AIDS. To lure investors, the continent already has to battle underdevelopment and racism, but now, he says, many people will see Africa as "diseased, sexually diseased. It chimes in with so many stereotypes."

Beneath the corporate economy, millions of Africans subsist by cultivating their own small plot of land. When someone in the family comes down with AIDS, the other members have to spend time caring for that person, which means less time cultivating crops. And when death comes, the family loses a crucial worker. Studies have documented that among rural AIDS-stricken families, food production falls, savings dwindle, and children are more likely to be

undernourished.

For Kasongo and her 10 orphans, food is a constant problem, but now it has become even harder. On her way back from the fields, carrying a basket of maize on her head, Kasongo tripped and fell. Her knee is swollen, her back is aching, and cultivating the fields is close to impossible. Here, under the radar of macroeconomic indicators, Kasongo's ordeal shows how AIDS is devastating Africa.

This is the context in which one of Africa's most agonizing debates is taking place: Should doctors administer drugs to pregnant women that sharply reduce the chances that a baby will be born with HIV? So far, the debate has centered on the cost of the drugs, but a new, inexpensive regimen has pushed thornier arguments to the surface.

The "vaccine for babies," as it is sometimes called, does not treat the mother and so does nothing to reduce the chances the baby will become an orphan. That's why Uganda's Major Rubaramira Ruranga, a well-known activist who is himself infected with HIV, opposes it. "Many children in our countries die of malnutrition, even with both parents," he argues. "Without parents, it's almost certain they'll die."

Isn't it impossible to know the fate of any given child and presumptuous to decide it in advance? "That's sentimental," he snaps. Even Foster, who believes "every child has a right to be born without HIV," wonders whether the money is best spent on the "technical fix" of giving drugs to the pregnant women. The medicine is only a part of the cost, for women can infect their children during breast feeding, which raises expensive problems such as providing formula and teaching mothers how to use it safely in places where clean water may not exist. Would all that money, Foster wonders, be better spent alleviating the root causes of why women get infected in the first place? "It's very difficult to stand up and make such an argument because you get portrayed as a beast," he says. In fact, such arguments testify to how the epidemic is forcing Africans to grapple with impossible choices.

Weston Tizora is one of thousands of Africans who are trying to give orphans a decent life. Just 25 years old, Tizora started as a gardener at Saint Augustine's Mission and threw himself into volunteering in the mission's AIDS program, called Kubatana, a Shona word meaning "together." Next year he will take over the program's leadership from its founder, British nurse Sarah Hinton. Kubatana's 37 volunteers care for homebound patients, and they help raise orphans by, for example, bringing food to Rusina Kasongo's brood.

Just a few steps from Kasongo live Cloud and Joseph Tineti. They're 14 and 11, respectively, and the oldest person in their home is their 15-year-old brother. They are, in the language of AIDS workers, a child-headed household. Who's in charge? "No one," Joseph answers-and it shows. Their one-room shack is strewn with dirty clothes, unwashed dishes, broken chairs. On the table, a roiling mass of ants feasts on pumpkin seeds and some kind of dried leaves.

The troubles run deeper. Their father, who had divorced their mother before she died, lives in nearby Mutare. Does he bring food? "Yes," says Joseph, "every week." It's not true, Tizora maintains. Kubatana members have even talked with the police in their effort to convince the father to take in his children or at least support them. But the police did not act, explains Tizora, because the father is unemployed and struggling to provide for the family of his second wife. Once a month-sometimes not even that often-he brings small amounts of food, so the orphans depend on donations from Kubatana volunteers.

But if little Joseph's version isn't true, it's what an orphaned kid would want: a father who at least brings food, stops by frequently, and acts a little like a dad. And his mother: What does Joseph remember of her? The question is too much, and he starts crying.

Kubatana volunteers are supposed to look after the Tineti orphans, so why is their home so unkempt? There used to be two volunteers in this area, explains Tizora. One has been reassigned to work in the nearby mining village, ravaged by AIDS. The other has been away at her parents' home for two months, attending to a family funeral and to her own late-stage pregnancy.

And everyone in these villages has their hands full. Standing in a valley, Tizora points to the hillsides around him and says, "There are orphans in that home, and the one over there, and there by the gum trees. And see where there's that white house? They're taking care of orphans there, too." By the time he finishes, he has pointed out about half of the homesteads. When the Kubatana program started, in 1992, volunteers identified 20 orphans. Now they have registered 3000. In many parts of Africa, notes Jackson of SFAIDS, "It has actually become the norm to have orphaned children in the household rather than the exception."

Foster makes some quick calculations: Given the number of volunteers in the Kubatana program, there's no way they can care for all their orphans. So when a volunteer gets pregnant, has a family emergency, or gets sick, kids like Cloud and Joseph fall through the cracks. Says Foster: "You can't lose a quarter of your adult population in 10 years without catastrophic consequences."

In his office, Tizora has a wall of photographs showing the original 20 orphans. One is a girl who looks about 12. She lost her parents and then she lost the grandma who was caring for her. At that point, she started refusing to go to school, hiding on the way there. Now, she's run away and, Tizora says, "we don't know where she is."

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Appendix H

Guidelines on covering HIV/AIDS

The Durban Seminar on Women and HIV/AIDS sponsored by the Washington DC.-based Population Reference Bureau released the following guidelines on covering this epidemic:

- **Understand and explain in simple language terms frequently used in discussing HIV/AIDS.** Among the terms often used in discussing the virus are: prevalence and incidence rates. The prevalence rate refers to the total number of infections around, usually expressed as a percentage of total population The incidence rate refers to new infections, a figure that gives one an idea of how rapidly the disease is spreading.
- **Avoid judgmental or value-laden words.** For example, the term 'sex worker' is now more acceptable than 'prostitute'. The terms 'victims' and 'patients' [and 'sufferers'] are not well-received by PWAs as they connote helplessness and dependence. When in doubt ask your sources how they prefer to be identified.
- **Be more specific and responsible in using certain terms.** Cite examples if needed to avoid confusing or misleading the readers. For example: infectious body fluids — blood (including menstrual blood), vaginal secretions, semen, breast milk, and possibly pre-seminal fluid. Non-infectious body fluids — saliva, tears, sweat, urine, faeces.
- **Break stereotypes.** Don't settle for interviews with drug dependents, sex workers or homosexuals who all confirm the misleading belief that certain groups are at risk and others are not. Look for PWAs among so-called low-risk groups like housewives, middle-class monogamous women, children, and so on to convey the point that anyone could be at risk because of certain high-risk behaviours or practices.
- **Avoid sensationalism and stick to the facts.** Cite your sources and explain

briefly how the studies (if any) were conducted and what their implications are to the local AIDS situation.

- **Respect the privacy of the individual and avoid mentioning any information that can identify them or their family.** However, try to get the required information with as much tact as you can muster.
- **Look for success stories.** Inject an element of hope to this generally depressing topic by focusing on successful clinical studies of certain HIV medications, effective therapies and counselling techniques, PWAs who have become productive despite the disease, doctors and health workers who are making a difference, NGO programs that offer PWAs some alternatives, etc.
- **Be fair and objective, but take a stand when it matters.** Is there an urgent issue that needs to be addressed? Suggest some concrete action, legislation or policy that might work. Quote experts, compelling studies and best practices to fortify your arguments.

Cited in Reporting on HIV/AIDS and women in Africa — cyber-training workshop, 25 — 29 September 2000. [http://www.awmc.com/Forum2000/Day4/F12_text.htm]

Appendix I: Topics identified by interviewees requiring in-depth or investigative coverage by South African newspapers

Planning for the impact:

- The depletion of the ranks of professionals — e.g. teachers — how is KwaZulu-Natal going to manage losing 20 000 teachers in the next five years?
- How is the South African Defence Force going to cope with the impending loss of personnel?
- How will South Africa survive economically?
- How are overcrowded hospitals and clinics going to cope?
- What will happen to medical aid schemes?
- The impact on the government's GEAR programme and the Employment Equity Act.
- How industry is going to manage absenteeism.

Policy issues:

- The issues preventing the Department of Health from implementing actions.
- Why nothing happened even when it was known what was needed to be done.
- Government accountability.
- The role and functioning of the South African National AIDS Council.
- What is the Education Department doing to find teachers?
- The role of the Welfare Department in supplying and financing grants and services.

Orphans:

- Strategies for caring for AIDS orphans and investigation of the real world of AIDS orphans.
- Child-headed households.

Social issues:

- How societies cope with death including practical issues around care and support of sick and dying people, and the shortage of burial ground.
- Preparing individuals and families for death.
- Preparing children for death.
- Sex and sexuality education for children.
- Women's issues — including why women are more vulnerable.
- AIDS-related crime and social unrest.
- Social denial and prejudice.
- The underlying social and cultural issues that fuel the epidemic.
- AIDS in high schools (including pupils infected by teachers).

Social and individual actions:

- Examples of practical actions that work and can be implemented.
- Successes of prevention strategies.
- Promotion of informal networking of communities and individuals.
- HIV in rural areas — how communities are coping.
- Home-based care — practical issues.
- How to change risky sexual behaviours.
- What is the community response and what are non-governmental organisations (NGOs) doing?

Treatment access issues:

- Even once we have the necessary drugs at affordable prices, systems need to be in place for testing, administration and monitoring of patients.
- The real cost of developing antiretrovirals and what happens if drug companies stop research and development because they are not recouping their investments.

Issues affecting PWAs:

- Treatments, drugs and side effects.
- Staying healthy with HIV/AIDS — tips on healthier lifestyles — e.g. healthy nutrition, remedies for simple ailments.
- Saying 'No' to treatment.
- Individual financial planning.

Science

- Immunology.
- Vaccines, with a particular focus on clinical trials.
- Local research initiatives.
- Preventing mother-to-child transmission — including using antiretroviral drugs, and strategies for breastfeeding or formula feeding.

Others:

- Legal issues.
- The cost to medical aids and the health system.
- HIV transmission in prisons.
- The link between AIDS and global disparities in wealth and health.
- Support in the workplace for people to 'come out'.